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IDENTIFIERS	*Workplace Literacy

ABSTRACT

This curriculum includes outlines for a series of professional readiness courses designed to improve the various basic skills required of hospital personnel. The first eight sections consist of course outlines/materials on the following topics: user-friendly arithmetic, user-friendly fractions, user-friendly algebra, problem solving through self-awareness, career development, developing positive work interaction, solving medical terminology, and English as a Second Language. Sections 9 and 10 both cover reading and reasoning: Section 9 is a learner's performing-work taskbook, and section 10 is a learner's resource manual. A learner's activity book dealing with workplace writing skills constitutes section 11. Each of these sections includes some or all of the following: course outline, learner objectives, problems, learning activities, class outlines, instructional text, student handouts, and duplication masters. Many of the problems and learning activities presented are specifically related to hospital settings. Section 12 contains a series of program/course evaluation forms. Reference lists (some of them are substantial) are included in several sections. (MN)

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ED 362 717

Project PRO
Curriculum

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PROFESSIONAL READINESS OPPORTUNITY

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
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User Friendly Arithmetic

Developed by:
T. Grayson Redford
Edmund Vitale, Jr.

USER FRIENDLY ARITHMETIC

INTRODUCTION

1. OUTLINE

- WE WILL START WITH A REVIEW OF DEFINITIONS, NUMBER ORGANIZATION, OPERATIONS AND SYMBOLS.
- WORD PROBLEMS WILL FORM THE BASIS FOR EXAMINING EACH MATHEMATICAL PROCEDURE.
- WORD PROBLEMS CONTAIN EASY NUMBERS AND PROCEDURES AT THE BEGINNING IN ORDER TO EMPHASIZE UNDERSTANDING OF THE PROBLEM.
- THE PROBLEMS WILL INCREASE IN COMPLEXITY AS CONFIDENCE AND SKILL IMPROVE.
- WE WILL PAUSE FOR CALCULATION DRILLS WHEN NECESSARY.
- EXPECT ONE OR TWO PROBLEMS IN EACH OF THE FOLLOWING AREAS:

A. WHOLE NUMBERS
  - ADDITION
  - SUBTRACTION
  - MULTIPLICATION
  - DIVISION
  - MIXED/MULTIPLE OPERATIONS

B. DECIMALS
  - PLACE NAME/PLACE VALUE/ROUNDING
  - ADDITION
  - SUBTRACTION
  - MULTIPLICATION
  - DIVISION
  - MIXED/MULTIPLE OPERATIONS

C. FRACTIONS
  - FRACTION/DECIMAL CONVERSION
  - EQUIVALENT/COMMON DENOMINATOR
  - LOWEST TERMS/MIXED NUMBERS
  - ADDITION
  - SUBTRACTION
  - MULTIPLICATION
  - DIVISION
  - MIXED/MULTIPLE OPERATIONS

D. RATIO/PROPORTION/PERCENT
  - CONVERTING DECIMALS, FRACTIONS, PERCENTS
  - PROPORTION
  - PERCENT
  - INTEREST

2. LEARNER PARTICIPATION:

- LOOK UP UNFAMILIAR WORDS, OPERATIONS OR PROCEDURES.
- MAKE A WORD LIST.
- ASK QUESTIONS ABOUT ANYTHING YOU DON'T UNDERSTAND:
    - CONTENT (WORDS, SYMBOLS, NUMBERS)
    - PROCEDURE (USING RESOURCES, ORDER OF OPERATIONS)
    - RESULTS OF PROBLEM SOLVING ACTIVITY
    - METHODS USED: YOURS AND OTHERS
    - REASONS FOR YOUR SELECTION OF A PARTICULAR METHOD
    - ADVANTAGES OF ONE METHOD OVER ANOTHER
- PRACTICE UNFAMILIAR OPERATIONS AND PROCEDURES:
    - PAPER AND PENCIL
    - COMPUTER AIDED INSTRUCTION

3. METHODS AND PROCEDURES TO BE USED IN THIS COURSE:

A. WORD PROBLEMS:
READ WORD PROBLEMS (TWO OR MORE TIMES)
DETERMINE WHAT IS BEING ASKED
DRAW A PICTURE TO HELP UNDERSTANDING
DETERMINE CALCULATIONS REQUIRED (SET UP THE EQUATION)
USE BOOKS AS RESOURCES: 1)MATH BY OBJECTIVES
2)HEALTH OCCUPATIONS MATH
3)HEALTH OCCUPATIONS KNOWLEDGE
4)DICTIONARY
CALCULATE
CHECK YOUR CALCULATIONS
ANSWER THE QUESTION
WRITE THE RESULTS SO OTHERS WILL UNDERSTAND THEM

B. PRACTICE EXERCISES:
WILL BE BASED ON THOSE OPERATIONS USED IN WORD PROBLEMS
WILL VARY DEPENDING ON INDIVIDUAL REQUIREMENTS
WILL NORMALLY BE DONE OUTSIDE CLASS
WILL BE REVIEWED IN CLASS IF NOT UNDERSTOOD,
OTHERWISE WILL BE REVIEWED BETWEEN CLASSES

C. TESTING:
ASSESSMENTS BEFORE/AFTER COURSE TO DETERMINE SKILL LEVEL
INFORMAL ASSESSMENT BASED ON DEMONSTRATED PERFORMANCE ON
PROBLEM SOLVING AND PRACTICE EXERCISES;
INCLUDES PERIPHERAL ABILITIES SUCH AS CONFIDENCE,
ORGANIZATION, THOUGHTFULNESS, ABILITY TO COMMUNICATE
RESULTS COMMUNICATED VERBALLY TO STUDENT
RECORDED IN INDIVIDUAL FOLDERS MAINTAINED BY PROJECT PRO

D. MEETING TIME/PLACE: TBA

READ AND COMPREHEND

1. Read the problem aloud.

2. Do you know all the words in the problem? Look up those of which you are not sure.

3. Summarize in your own words what the problem is asking you to do.

4. Draw a sketch to help you visualize the situation.

DETERMINE MATH CALCULATION(S) TO BE PERFORMED

5. Explain whether the problem asks you to add, subtract, multiply or divide. What are the words of the problem that lead you to that conclusion?

6. If applicable from the problem, ask: Are these whole numbers, fractions, decimals?

FIND IN MATH BOOK AN EXAMPLE OF PERFORMING THIS MATH CALCULATION

7. Find an explanation of how to perform this math calculation in the math book(s).

CALCULATE

8. Use the operations and numbers you have identified to calculate a result which will give you or lead you to an answer to the question asked.

WRITE

9. Write out the answer in a sentence or paragraph and show all the work, making sure that anyone who reads it can understand exactly what you have done.

ARITHMETIC PROBLEMS

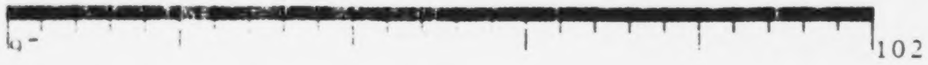
A. NUMBER ORGANIZATION:

#1. YOU TAKE A PATIENT'S TEMPERATURE AND FIND IT TO BE 101 DEGREES FAHRENHEIT. YOU KNOW NORMAL HUMAN BODY TEMPERATURE IS 98.6 DEGREES.

WHAT CAN YOU SAY ABOUT THIS PATIENT'S TEMPERATURE?

DISCUSS WHAT IS MEANT BY "HIGH" AND "LOW", "GREATER" AND "SMALLER".

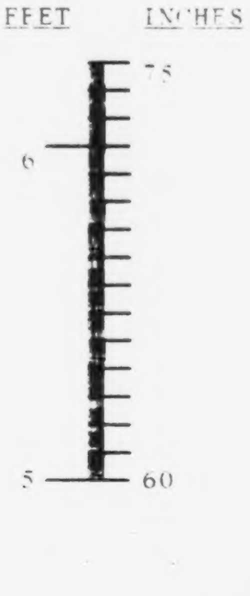
FIND THE PATIENT'S TEMPERATURE AND NORMAL BODY TEMPERATURE ON THE SCHEMATIC "THERMOMETER" BELOW.



#2. YOU MEASURE THE HEIGHT OF TWO PATIENTS. THE FIRST IS SIX FEET. TWO INCHES. THE SECOND IS SIXTY TWO INCHES.
WHICH IS TALLER? WHICH IS BIGGER? EXPLAIN.

DISCUSS WHAT IS MEANT BY "TALL" AND "SHORT". "BIGGER" AND "LITTLER".

FIND THE TWO PATIENT'S HEIGHTS ON THE SCHEMATIC "RULER" BELOW.



B. ADDITION: #3. HEALTH MATH PAGE 13. PROBLEM 2.
#4. HEALTH MATH PAGE 15. PROBLEM 4.

C. SUBTRACTION: #5. HEALTH MATH PAGE 21. PROBLEM 7.
#6. HEALTH MATH PAGE 23. PROBLEM 9.

D. MULTIPLICATION: #7. HEALTH MATH PAGE 93. PROBLEM 1.
#8. HEALTH MATH PAGE 94. PROBLEM 2.

E. DIVISION: #9. HEALTH MATH PAGE 102. PROBLEM 4. (36 INCHES)
#10. HEALTH MATH PAGE 104. PROBLEM 6. (60 INCHES)

(CHANGE NUMBERS TO WHOLE FOR INITIAL EXERCISES)

F. MIXED MULTIPLE OPERATIONS:

(CHANGE NUMBERS TO WHOLE FOR INITIAL EXERCISES) $18, $15, $11, $7

#11. TOUR REGISTRATION

TWO FAMILIES OF WMC EMPLOYEES WISH TO GO ON THE TOUR TO MONTICELLO ADVERTISED ON THE ATTACHED FLYER. THERE ARE FOUR ADULTS AND FIVE CHILDREN IN THE TWO FAMILIES, BUT THE TWO TEENAGERS EACH WANT TO TAKE A FRIEND ALONG. THE CHILDREN'S AGES ARE AS FOLLOWS: 15, 15, 13, 12, 9, 8, 5. THERE IS ONLY $100 AVAILABLE TO PAY FOR THE TRIP.

1. WHAT IS THE LARGEST NUMBER OF PEOPLE THAT CAN GO FROM THE WHOLE GROUP?

2. IF EACH FAMILY MUST INCLUDE AT LEAST ONE ADULT, HOW MANY CAN GO?

3. IF EACH CHILD MUST BE ACCOMPANIED BY AN ADULT, HOW MANY CAN PARTICIPATE?

4. IF THE TEENAGERS DECIDE NOT TO GO, AND THEIR PARENTS WILL ALLOW THIS, HOW MANY OF THE REST CAN GO?

5. THEY CAME UP WITH $1.00 MORE TO SPEND ON THE TRIP. ANSWER QUESTIONS ONE THROUGH FOUR BASED ON THIS NEW INFORMATION.

6. HOW MUCH WOULD IT COST FOR EVERYONE TO GO?

7. HOW MUCH WOULD IT COST THE TWO FAMILIES IF THE TWO FRIENDS PAID THEIR OWN WAY? STATE ANY ASSUMPTIONS YOU MUST MAKE TO ANSWER THIS QUESTION.

8. USING ANY NUMBER OF EACH AGE GROUP, WITHOUT REGARD TO THE FAMILIES ABOVE, FIND A COMBINATION OF ADULTS(OVER 16), TEENS(13-16), CHILDREN(6-12) AND TODDLERS(UNDER 6) WHICH WILL ALLOW SPENDING EXACTLY $100. STATE THE NUMBER IN EACH AGE GROUP.

9. WHAT MATHEMATICAL OPERATIONS DO YOU NEED TO USE TO COMPLETE THE REGISTRATION SLIP?

10. WHAT MATHEMATICAL OPERATIONS DO YOU NEED TO ANSWER ALL OF THE QUESTIONS?

11. WHERE WILL YOU LOOK FOR HELP TO DO THE MATH CORRECTLY?

12. WHERE WILL YOU GET ANSWERS TO QUESTIONS ABOUT THE TOUR (LIKE MUST CHILDREN BE ACCOMPANIED BY AN ADULT)?

FREE D.C.

When: Saturday, April 4 _____
- or -
Saturday, April 11* _____

Depart WMC: 8:00 am
Return WMC: 6:00 pm

Fee: $1.00 per person

Number of Seats: _____

Total payment attached: $________
Make checks payable to WMC.

Take advantage of some of the wonderful attractions in DC which are free of charge, often thanks to us, the taxpayers! Begin the day amidst the daffodils, cherry blossoms and magnolias on a tour of the National Arboretum. Purchase lunch in the cafeteria at the National Shrine of the Immaculate Conception. Take a guided tour of this magnificent cathedral. NASA Space Flight Center in Greenbelt is the next stop where hands-on exhibits explaining the space program will delight adults and children.

* This is the weekend of the Cherry Blossom Festival, but our trip is designed to avoid the crowds and congestion downtown.

Name: ____________________ Dept: ____________

Address: ______________________________

Home Phone: __________ Dept Ext: __________

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MONTICELLO AND LUNCH AT MICHIE TAVERN

When: Saturday, May 9 _____
- or -
Saturday, May 30 _____

Depart WMC: 8:30 am
Return WMC: 7:30 pm

Fee for luncheon buffet and tours of Michie Tavern & Monticello:

17 yrs - Adult $18.00 x _______ persons = $________
13 yrs - 16 yrs 14.50 x _______ persons = ________
6 yrs - 12 yrs 10.50 x _______ persons = ________
5 yrs and under 7.50 x _______ persons = ________

Total payment attached: $________
Make checks payable to WMC.

Spring should be in full bloom at Michie Tavern and Monticello for this outing in Thomas Jefferson's Virginia. A tour of the 200 year old tavern, mill and winery will precede a buffet lunch of fried chicken and all the Southern fixin's. Then there will be ample time at Monticello to see the gardens, the house, the out buildings and the gift shop. (There will be a wait in line for the 45 minute house tour because Monticello does not schedule tours. The line tends to move fairly quickly as groups of 25 are taken inside every 5 - 8 minutes.)

Name: ____________________ Dept: ____________

Address: ______________________________

G. DESIGNING PROBLEMS:

THE HOSPITAL HAS FIVE FLOORS AND A BASEMENT. FOUR OF THE FLOORS HAVE PATIENT ROOMS. THERE ARE SIXTY-FIVE PATIENT ROOMS ON EACH OF THE FOUR FLOORS.

WRITE DOWN A QUESTION WHICH MAY BE ANSWERED BY MATHEMATICAL APPLICATIONS OF THE INFORMATION ABOVE. DESCRIBE THE PROBLEM SET-UP, WHICH OPERATIONS ARE TO BE USED AND THE ORDER OF OPERATIONS. AFTER DISCUSSION WITH OTHER PARTICIPANTS AND THE INSTRUCTOR, ATTEMPT TO WORK OUT THE ANSWER. YOU MAY WISH TO ADD QUESTIONS AFTER THE DISCUSSIONS AND ANSWER THEM AS WELL.

DECIMALS

A. **ADDITION:**

#1. FIND A BANK STATEMENT IN THE HEALTH OCCUPATIONS KNOWLEDGE BASE: DISCUSS HOW YOU WENT ABOUT FINDING THE STATEMENT. ADD THE NUMBERS IN THE COLUMN ENTITLED "DEPOSITS AND OTHER CREDITS": CAN YOU FIND THE TOTAL YOU COMPUTED ANYWHERE ELSE ON THE FORM?

#2. NOW ADD THE NUMBERS IN THE COLUMN ENTITLED "CHECKS AND OTHER DEBITS": CAN YOU FIND THE TOTAL YOU COMPUTED ANYWHERE ELSE ON THE FORM? HOW CAN YOU USE THESE TOTALS WITH THE BEGINNING BALANCE TO COMPUTE THE NEW BALANCE?

B. **SUBTRACTION:**

#3. HEALTH MATH PAGE 97. PROBLEM 1.
#4. HEALTH MATH PAGE 98. PROBLEM 3.

C. **MULTIPLICATION:**

#5. HEALTH MATH PAGE 66. PROBLEM 9.
#6. HEALTH MATH PAGE 68. PROBLEM 10.

D. **DIVISION:**

#7. HEALTH MATH PAGE 78. PROBLEM 1
#8. HEALTH MATH PAGE 82. PROBLEM 5

E. **MIXED MULTIPLE OPERATIONS:**

#9. HEALTH MATH PAGE 72. PROB 14.
#10. HEALTH MATH PAGE 76. PROB 17.

YOU HAVE RECEIVED A NOTICE IN THE MAIL AS FOLLOWS:

DEAR CUSTOMER.

WE REGRET THAT DUE TO INFLATION WE FIND IT NECESSARY TO INCREASE PRICES ON SOME OF OUR PRODUCTS. WE HAVE ALSO CHANGED OUR SHIPPING RATE SCALE TO REFLECT CURRENT COSTS MORE CLOSELY. SHIPPING CHARGES ARE NOW FIGURED AT 1.5% OF TOTAL SALES PRICE PER ORDER (BEFORE SALES TAX). BELOW YOU WILL FIND A REVISED PRICE LIST. ANY ITEMS NOT LISTED WILL CONTINUE TO BE SUPPLIED AT THE ECONOMICAL PRICES INDICATED IN OUR CURRENT CATALOGUE.

CATALOGUE NUMBER	DESCRIPTION	UNIT PRICE
X515	COPY PAPER	$ 6.35/REAM
A102	DAILY LOG PAGES	$ 0.21
C30	FILE FOLDERS	$ 4.41
L778	LEGAL PADS	$12.25/DOZ
A101	PATIENT LEDGER CD	$41.50/1000
R650	PHONE MSG. BOOKS	$ 5.64
Q182	POST-IT NOTE PADS	$ 3.95/DOZ

SINCERELY.
SUPERIOR OFFICE SUPPLY

COMPLETE THE LIST OF EXTENSION PRICES BASED ON THIS NEW INFORMATION AND WRITE THE SUBTOTAL. SALES TAX. SHIPPING AND TOTAL COST.

BEST COPY AVAILABLE

F. DESIGNING PROBLEMS:

THE HOSPITAL HAS FIVE FLOORS AND A BASEMENT. FOUR OF THE FLOORS HAVE PATIENT ROOMS. THERE ARE SIXTY-FIVE PATIENT ROOMS ON EACH OF THE FOUR FLOORS.

EACH ROOM HAS AT LEAST ONE BED AND SOME ROOMS HAVE TWO. NO ROOMS HAVE MORE THAN TWO BEDS. THERE ARE FOUR HUNDRED PATIENT BEDS IN THE HOSPITAL.

A PATIENT PAYS FIVE HUNDRED THIRTEEN DOLLARS AND TWENTY FIVE CENTS PER DAY FOR A BED IF THERE ARE TWO BEDS TO A ROOM AND SEVEN HUNDRED NINE DOLLARS AND EIGHTY ONE CENTS PER DAY IF ASSIGNED TO A ROOM WITH ONE BED.

WRITE DOWN AT LEAST TWO NEW QUESTIONS WHICH MAY BE ANSWERED BY MATHEMATICAL APPLICATIONS OF THE INFORMATION ABOVE. WRITE ONE QUESTION ON ONE PAGE OF PAPER. UNDER EACH DESCRIBE THE PROBLEM SET-UP. WHICH OPERATIONS ARE TO BE USED AND ORDER OF OPERATIONS. AFTER DISCUSSION WITH OTHER PARTICIPANTS AND THE INSTRUCTOR. ATTEMPT TO WORK OUT THE ANSWER TO EACH QUESTION. YOU MAY WISH TO ADD QUESTIONS AFTER THE DISCUSSIONS AND ANSWER THEM AS WELL.

User Friendly Fractions

Developed by:
T. Grayson Redford
Edmund Vitale, Jr.

USER FRIENDLY FRACTIONS

INTRODUCTION

1. OUTLINE

- * WE WILL START WITH A REVIEW OF DEFINITIONS, NUMBER ORGANIZATION, OPERATIONS AND SYMBOLS.
- * WORD PROBLEMS WILL FORM THE BASIS FOR EXAMINING EACH MATHEMATICAL PROCEDURE.
- * WORD PROBLEMS CONTAIN EASY NUMBERS AND PROCEDURES AT THE BEGINNING IN ORDER TO EMPHASIZE UNDERSTANDING OF THE PROBLEM.
- * THE PROBLEMS WILL INCREASE IN COMPLEXITY AS CONFIDENCE AND SKILL IMPROVE.
- * WE WILL PAUSE FOR CALCULATION DRILLS WHEN NECESSARY.
- * EXPECT ONE OR TWO PROBLEMS IN EACH OF THE FOLLOWING AREAS:

A. WHOLE NUMBERS
    - ADDITION
    - SUBTRACTION
    - MULTIPLICATION
    - DIVISION
    - MIXED/MULTIPLE OPERATIONS

B. DECIMALS
    - PLACE NAME/PLACE VALUE/ROUNDING
    - ADDITION
    - SUBTRACTION
    - MULTIPLICATION
    - DIVISION
    - MIXED/MULTIPLE OPERATIONS

C. FRACTIONS
    - FRACTION/DECIMAL CONVERSION
    - EQUIVALENT/COMMON DENOMINATOR
    - LOWEST TERMS/MIXED NUMBERS
    - ADDITION
    - SUBTRACTION
    - MULTIPLICATION
    - DIVISION
    - MIXED/MULTIPLE OPERATIONS

D. RATIO/PROPORTION/PERCENT
    - CONVERTING DECIMALS, FRACTIONS, PERCENTS
    - PROPORTION
    - PERCENT
    - INTEREST

E. OTHER TOPICS AS DESIRED
    - MEASUREMENTS
    - UNIT CONVERSIONS
    - GRAPHS
    - TABLES

2. LEARNER PARTICIPATION:

- LOOK UP UNFAMILIAR WORDS, OPERATIONS OR PROCEDURES.
- MAKE A WORD LIST.
- ASK QUESTIONS ABOUT ANYTHING YOU DON'T UNDERSTAND:
  - CONTENT (WORDS, SYMBOLS, NUMBERS)
  - PROCEDURE (USING RESOURCES, ORDER OF OPERATIONS)
  - RESULTS OF PROBLEM SOLVING ACTIVITY
  - METHODS USED: YOURS AND OTHERS
  - REASONS FOR YOUR SELECTION OF A PARTICULAR METHOD
  - ADVANTAGES OF ONE METHOD OVER ANOTHER
- PRACTICE UNFAMILIAR OPERATIONS AND PROCEDURES:
  - PAPER AND PENCIL
  - COMPUTER AIDED INSTRUCTION

3. METHODS AND PROCEDURES TO BE USED IN THIS COURSE:

A. WORD PROBLEMS:
READ WORD PROBLEMS (TWO OR MORE TIMES)
DETERMINE WHAT IS BEING ASKED
DRAW A PICTURE TO HELP UNDERSTANDING
DETERMINE CALCULATIONS REQUIRED (SET UP THE EQUATION)
USE BOOKS AS RESOURCES:
1)MATH BY OBJECTIVES
2)HEALTH OCCUPATIONS MATH
3)HEALTH OCCUPATIONS KNOWLEDGE
4)DICTIONARY
CALCULATE
CHECK YOUR CALCULATIONS
ANSWER THE QUESTION
WRITE THE RESULTS SO OTHERS WILL UNDERSTAND THEM

B. PRACTICE EXERCISES:
WILL BE BASED ON THOSE OPERATIONS USED IN WORD PROBLEMS
WILL VARY DEPENDING ON INDIVIDUAL REQUIREMENTS
WILL NORMALLY BE DONE OUTSIDE CLASS
WILL BE REVIEWED IN CLASS IF NOT UNDERSTOOD, OTHERWISE WILL BE REVIEWED BETWEEN CLASSES

C. TESTING:
ASSESSMENTS BEFORE/AFTER COURSE TO DETERMINE SKILL LEVEL
INFORMAL ASSESSMENT BASED ON DEMONSTRATED PERFORMANCE ON PROBLEM SOLVING AND PRACTICE EXERCISES; INCLUDES PERIPHERAL ABILITIES SUCH AS CONFIDENCE, ORGANIZATION, THOUGHTFULNESS, ABILITY TO COMMUNICATE
RESULTS COMMUNICATED VERBALLY TO STUDENT
RECORDED IN INDIVIDUAL FOLDERS MAINTAINED BY PROJECT PRO

D. MEETING TIME/PLACE: TBA

FRACTIONS

A. **NUMBER ORGANIZATION:**

#1. THE PHARMACIST HAS TWO BOTTLES OF MEDICINE ON THE SHELF. BOTH BOTTLES ARE GRADUATED FRACTIONALLY. THE FIRST IS ONE THIRD FULL AND THE SECOND IS TWO FIFTHS FULL. IF THE BOTTLES ARE THE SAME SIZE, WHICH CONTAINS THE GREATER AMOUNT OF MEDICINE?
DISCUSS WHAT IS MEANT BY "GREATER" AND "SMALLER" WHEN COMPARING FRACTIONS. ARE THERE THINGS TO CONSIDER THAT WERE NOT PRESENT WHEN TALKING ABOUT WHOLE NUMBERS?

#2. IN CLEANING OUT THE MEDICINE CHEST JANE FOUND EIGHT PARTIALLY FULL BOTTLES OF RUBBING ALCOHOL, ALL THE SAME SIZE. EACH BOTTLE WAS TWO FIFTHS FULL. IF SHE COMBINED ALL OF THE ALCOHOL INTO THE LEAST POSSIBLE NUMBER OF BOTTLES, HOW MANY FULL BOTTLES OF ALCOHOL WOULD SHE HAVE?

B. **ADDITION:**

#3. IN CLEANING OUT THE MEDICINE CHEST JANE FOUND THREE PARTIALLY FULL PINT BOTTLES OF RUBBING ALCOHOL, ALL THE SAME SIZE. THE FIRST BOTTLE WAS THREE QUARTERS FULL, THE SECOND BOTTLE ONE THIRD FULL AND THE LAST BOTTLE ONE EIGHTH FULL. HOW MANY PINTS OF ALCOHOL DID SHE FIND?

#4. YOU NEED TO BUY FIVE POUNDS OF HAMBURGER FOR A WEEKEND PICNIC. AT THE SUPERMARKET MEAT COUNTER YOU FIND PACKAGES OF HAMBURGER LABELED AS FOLLOWS: 1&1/2 lb, 1&1/4 lb, 1&1/5 lb, 1&7/8 lb, 1&1/3 lb, 1&5/6 lb, 1&3/4 lb, 1&2/3 lb, 1&3/10 lb, 1&3/8 lb. THE PRICE PER POUND ON EACH LABEL IS $1.75. WHICH PACKAGES WILL YOU BUY TO GET AT LEAST FIVE POUNDS, BUT SPEND LITTLE OR NO EXTRA MONEY.

C. **SUBTRACTION:** **#5.** HEALTH MATH PAGE 97, PROBLEM 1.
#6. HEALTH MATH PAGE 99, PROBLEM 3.

D. **MULTIPLICATION:**

#7. A TEASPOON IS ONE THIRD OF A TABLESPOON. A TABLESPOON IS ONE HALF OF AN OUNCE. A TEASPOON IS WHAT PART OF AN OUNCE? IS THE ANSWER DIFFERENT IF THE QUESTION IS "WHAT PART OF AN OUNCE IS A TEASPOON?"

E. **DIVISION:**

#8. HOW MANY TEASPOONS IN ONE OUNCE? THERE ARE SIXTEEN OUNCES IN A PINT. HOW MANY TEASPOONS IN A PINT? WHAT PART OF A PINT IS A TEASPOON?

F. MIXED MULTIPLE OPERATIONS:

#9. A SCHOOL NURSE NEEDS TO GIVE TEN CHILDREN EACH A TABLESPOON AND A HALF OF COUGH MEDICINE. SHE HAS A PINT BOTTLE OF COUGH MEDICINE WHICH IS ONE HALF FULL. SHE KNOWS THERE ARE 32 TABLESPOONS IN ONE PINT. DOES SHE HAVE ENOUGH MEDICINE? IF SO, HOW MUCH WILL BE LEFT AFTER GIVING ALL THE CHILDREN THEIR MEDICINE?

G. DESIGNING PROBLEMS:

THE HOSPITAL HAS FIVE FLOORS AND A BASEMENT. FOUR OF THE FLOORS HAVE PATIENT ROOMS. THERE ARE SIXTY-FIVE PATIENT ROOMS ON EACH OF THE FOUR FLOORS.

EACH ROOM HAS AT LEAST ONE BED AND SOME ROOMS HAVE TWO. NO ROOMS HAVE MORE THAN TWO BEDS. THERE ARE FOUR HUNDRED PATIENT BEDS IN THE HOSPITAL.

A PATIENT PAYS FIVE HUNDRED THIRTEEN DOLLARS AND TWENTY FIVE CENTS PER DAY FOR A BED IF THERE ARE TWO BEDS TO A ROOM AND SEVEN HUNDRED NINE DOLLARS AND EIGHTY ONE CENTS PER DAY IF ASSIGNED TO A ROOM WITH ONE BED.

ON AVERAGE HALF OF THE TWO-BED ROOMS ARE FULLY OCCUPIED AT ANY ONE TIME. ONE QUARTER OF THE TWO-BED ROOMS HAVE ONE BED OCCUPIED AND TWO THIRDS OF THE SINGLE-BED ROOMS ARE OCCUPIED AT ONE TIME.

WRITE DOWN AT LEAST TWO NEW QUESTIONS WHICH MAY BE ANSWERED BY MATHEMATICAL APPLICATIONS OF THE INFORMATION ABOVE. WRITE ONE QUESTION ON ONE PAGE OF PAPER. UNDER EACH DESCRIBE THE PROBLEM SET-UP, WHICH OPERATIONS ARE TO BE USED AND ORDER OF OPERATIONS. AFTER DISCUSSION WITH OTHER PARTICIPANTS AND THE INSTRUCTOR, ATTEMPT TO WORK OUT THE ANSWER TO EACH QUESTION. YOU MAY WISH TO ADD QUESTIONS AFTER THE DISCUSSIONS AND ANSWER THEM AS WELL.

RATIO/PROPORTION/PERCENT

A. CONVERTING DECIMALS, FRACTIONS, PERCENTS:

#1. TWENTY FIVE OF FORTY PATIENTS HAVE PAID THEIR HOSPITAL BILLS IN FULL. WHAT FRACTION OF PATIENTS HAVE PAID UP? WHAT PERCENT OF PATIENTS HAVE PAID UP? EXPRESS THIS PERCENTAGE AS A DECIMAL.

B. PROPORTION:

#2. A LIQUID MEDICINE HAS A LABEL INDICATING THAT THE CONCENTRATION IS 15mg/ml. THE DOCTOR HAS ORDERED A DOSE OF 60mg OF THE MEDICINE BE GIVEN TO MR. JONES. HOW MUCH OF THE LIQUID SHOULD BE MEASURED OUT FOR HIM?

#3. A LARGE VOLUME PARENTERAL IN A LITER BAG MUST BE INFUSED OVER 24 HOURS. AT WHAT INFUSION RATE (ml/HR) WOULD YOU SET THE PUMP? (ROUND OFF YOUR ANSWER TO THE NEAREST ml.)

C. PERCENT:

#4. AEROBICS CLASS REGISTRATION

USE THE ATTACHED FLYER TO ANSWER THE FOLLOWING QUESTIONS:

1. ACCORDING TO THE FLYER, WHAT CONSTITUTES A "SESSION"? IS THE DEFINITION OF "SESSION" IMPORTANT TO THIS PROBLEM?

2. IF YOU DECIDE TO SIGN UP FOR AEROBICS ON MONDAY AND WEDNESDAY, HOW MUCH WILL YOU HAVE TO PAY TO ATTEND FROM AUG 31 TO DEC 16?

3. IF YOU DO SIGN UP FOR AEROBICS ON MONDAY AND WEDNESDAY, HOW MUCH WILL EACH 45 MINUTE PERIOD COST?

4. HOW MUCH DOES FIGURE SHAPING COST?

5. WHEN IS BODY SCULPTING AVAILABLE?

6. HOW MUCH WILL YOU HAVE TO PAY FOR BOTH AEROBICS AND BODY SCULPTING FROM 1 SEP TO 17 DEC?

7. A DISCOUNT IS THE DIFFERENCE BETWEEN THE FULL PRICE AND THE DISCOUNTED PRICE. THE FLYER OFFERS A DISCOUNT FOR JOINING BOTH AEROBICS AND BODY SCULPTING AT THE SAME TIME. HOW MUCH IS THE DISCOUNT?

8. THE % DISCOUNT IS THE DISCOUNT DIVIDED BY THE FULL PRICE. WHAT IS THE % DISCOUNT IN THIS CASE?

9. IF THE PRICE DOESN'T CHANGE, AND YOU TAKE AEROBICS NOW AND BODY SCULPTING IN JANUARY, HOW MUCH WOULD YOU EXPECT TO PAY?

10. HOW MUCH MONEY WOULD YOU SAVE BY TAKING BOTH AEROBICS AND BODY SCULPTING NOW?

11. WHAT MATHEMATICAL OPERATIONS DO YOU NEED TO USE TO ANSWER THESE QUESTIONS?

12. WHERE WILL YOU LOOK FOR HELP TO DO THE MATH CORRECTLY?

13. WHERE WILL YOU GET HELP TO UNDERSTAND THE FORM?

AEROBICS

SESSION I:	Moderate Impact Aerobics Monday and Wednesday 4:45 - 5:30 p.m. August 31 - December 16, 1992 Rehabilitation Services, WMC
SESSION II:	Moderate Impact Aerobics Tuesday and Thursday 5:00 - 5:45 p.m. September 1 - December 17, 1992 PRI, 1st Floor, 333 West Cork Street
SESSION III:	Figure Shaping - toning and conditioning Tuesday and Thursday 5:45 - 6:30 p.m. September 1 - December 17, 1992 PRI, 1st Floor, 333 West Cork Street
COST:	$40.00 for 16 weeks/32 sessions $30.00 per session for joining both Aerobics and Body Sculpting Make checks payable to Winchester Medical Center
REGISTRATION:	For new participants, send Health History Form, consent and payment agreement with fee. For renewed registrants, send payment agreement and fee to Comprehensive Health Services.
GEAR:	Cool, comfortable clothing, supportive aerobic or workout shoes, and a mat or towel for floor work are recommended.
QUESTIONS:	Please call Karin Hemphill at extension 8885.

D. INTEREST:

#5. IF YOU PUT $1000.00 INTO A SAVINGS ACCOUNT THAT PAYS 5% SIMPLE ANNUAL INTEREST. HOW MUCH MONEY WILL YOU HAVE AT THE END OF ONE YEAR?

#6. IF YOU PUT $1000.00 INTO AN ACCOUNT WHICH PAYS 5% ANNUAL INTEREST COMPOUNDED QUARTERLY. HOW MUCH WILL YOU HAVE AT THE END OF THREE MONTHS? HOW MUCH AT THE END OF SIX MONTHS? HOW MUCH AT THE END OF NINE MONTHS? HOW MUCH AT THE END OF THE YEAR?

E. MIXED MULTIPLE OPERATIONS:

#7. PERFORMANCE APPRAISAL WORKSHEET

MR. JACK SHUX (SSN 222-22-2222) WORKS FOR YOU. JACK USUALLY WORKS HARD ON THE JOB, BUT OFTEN DOES NOT ACHIEVE EXPECTED RESULTS. HE DOES PARTICULARLY WELL WHEN HE IS INTERESTED IN THE TASK AT HAND, WHICH HAPPENS OCCASIONALLY. AT ROUTINE, REPETITIVE OR BORING WORK HIS RESULTS ARE MEDIOCRE TO ADEQUATE, THOUGH HE APPEARS TO TRY HARD. MR. SHUX IS QUIET AND LAID BACK MOST OF THE TIME. USUALLY FRIENDLY WHEN HE DOES INTERACT WITH PEOPLE, HE SEEMS TO AVOID CONTACT WITH OTHERS WHEN HE CAN. DURING THE LAST YEAR, THE PERIOD WHICH YOU'RE EVALUATING, HE HAD ONE PUBLIC, LOUD ARGUMENT WITH A FEMALE CO-WORKER DURING WHICH EMOTIONAL PROFANITY WAS EXCHANGED. THE CO-WORKER, ALSO YOUR SUBORDINATE, LEFT EMPLOYMENT ABOUT ONE MONTH LATER, AND YOU COULD NOT DETERMINE ANY CONNECTION BETWEEN THE ARGUMENT AND HER LEAVING. SHE WAS THE BETTER EMPLOYEE. JACK WAS ABSENT TWICE, ONE DAY EACH, WITHOUT EXPLANATION, DURING THE YEAR. HE IS NEVER LATE FOR WORK. HE ATTENDED ALL IN-SERVICES. TO YOU HE IS POLITE, BUT NOT SUBMISSIVE. HE WILL GIVE HIS OPINION ONLY WHEN ASKED, BUT THE OPINIONS YOU'VE HEARD FROM HIM DO NOT SEEM VERY WELL THOUGHT OUT. YOU KNOW LITTLE ELSE ABOUT JACK SHUX. HIS JOB REQUIRES PHYSICAL AND MENTAL SKILLS AND SOME COMMUNICATION WITH OTHER EMPLOYEES. HE HAS VERY LITTLE CONTACT WITH PATIENTS. HIS DUTIES DO NOT REQUIRE MUCH TRAINING OR TECHNICAL ABILITY.

EVALUATE JACK SHUX ON HIS JOB USING THE ABOVE INFORMATION TO DETERMINE PERFORMANCE RATING IN EACH OF THE FOLLOWING AREAS:

	AREA	PERCENT WEIGHT
1.	C.A.R.E. STANDARDS	10
2.	KNOWLEDGE OF THE JOB	30
3.	EFFORT	20
4.	RELIABILITY	25
5.	BEHAVIOR ON THE JOB	5
6.	ABILITY TO FOLLOW INSTRUCTIONS	10

COMPUTE DECIMAL TOTALS (MULTIPLY PERCENT WEIGHT BY PERFORMANCE RATING FOR EACH AREA). COMPUTE DECIMAL POINT (ADD ALL DECIMAL TOTALS), AND OVERALL PERFORMANCE RATING (USING SCALE AT LOWER LEFT OF WORKSHEET). FILL OUT THE WORKSHEET: PUT YOUR NAME ON "APPRAISER'S SIGNATURE" LINE. USE TODAY'S DATE. EXPLAIN EACH INDIVIDUAL RATING WITH ONE OR MORE SENTENCES ON THE BACK UNDER "APPRAISER'S COMMENTS".

ANSWER THE FOLLOWING QUESTIONS ABOUT THIS PROJECT:

1. WHAT MATHEMATICAL OPERATIONS DO YOU NEED TO USE TO COMPLETE THE WORKSHEET?
2. WHERE WILL YOU LOOK FOR HELP TO DO THE MATH CORRECTLY?
3. WHERE WILL YOU LOOK FOR HELP AND GUIDANCE IN COMPLETING THE WORKSHEET?
4. DEFINE THE FOLLOWING WORDS IN A WAY THAT IS MEANINGFUL TO COMPLETING THE WORKSHEET: RESPONSIBILITIES, STANDARDS, APPRAISAL. WHERE CAN YOU FIND THIS INFORMATION?
5. WHICH OF THE DEFINITIONS IN NUMBER 4 SEEMS LEAST IMPORTANT TO YOU IN COMPLETING THE WORKSHEET?

Winchester Medical Center, Inc.

Performance Appraisal Worksheet

Job Title ____________________
Name ____________________
Social Security # ____________________
Review Date ____________________
Department ____________________

Required Inservices Completed? ___ Yes ___ No
(Not meeting this would result in hold in merit (non-retroactive)

Abbreviate key responsibilities as listed on the Job Description (Use additional pages if necessary.)	Percent Weight		Performance Rating		Decimal Total
1. C.A.R.E. Standards		X		=	
2.		X		=	
3.		X		=	
4.		X		=	
5.		X		=	
6.		X		=	
7.		X		=	
8.		X		=	
9.		X		=	
10.		X		=	
11.		X		=	

3.65-4.00	Outstanding(consistently exceeds standards)
2.80-3.64	Generally exceeds standards
1.95-2.79	Meets standards
1.00-1.94	Does not meet standards

Decimal point: (sum of decimal totals) ☐

Performance Rating: ____________________

____________________ Employee's Signature ________ Date

____________________ Appraiser's Signature ________ Date

____________________ Department Head's Signature ________ Date

(See Other Side)

Appraiser's Comments:

Employee's Comments:

Goals:

Employee Signature

Date

F. DESIGNING PROBLEMS:

THE HOSPITAL HAS FIVE FLOORS AND A BASEMENT. FOUR OF THE FLOORS HAVE PATIENT ROOMS. THERE ARE SIXTY-FIVE PATIENT ROOMS ON EACH OF THE FOUR FLOORS.

EACH ROOM HAS AT LEAST ONE BED AND SOME ROOMS HAVE TWO. NO ROOMS HAVE MORE THAN TWO BEDS. THERE ARE FOUR HUNDRED PATIENT BEDS IN THE HOSPITAL.

A PATIENT PAYS FIVE HUNDRED THIRTEEN DOLLARS AND TWENTY FIVE CENTS PER DAY FOR A BED IF THERE ARE TWO BEDS TO A ROOM AND SEVEN HUNDRED NINE DOLLARS AND EIGHTY ONE CENTS PER DAY IF ASSIGNED TO A ROOM WITH ONE BED.

ON AVERAGE HALF OF THE TWO-BED ROOMS ARE FULLY OCCUPIED AT ANY ONE TIME. ONE QUARTER OF THE TWO-BED ROOMS HAVE ONE BED OCCUPIED AND TWO THIRDS OF THE SINGLE-BED ROOMS ARE OCCUPIED AT ONE TIME.

ALL PATIENT ROOMS AND ADJOINING BATHS HAVE TILED FLOORS. EACH TWO-BED ROOM MEASURES FIFTEEN FEET BY TWELVE FEET. EACH SINGLE-BED ROOM MEASURES TEN FEET BY TWELVE FEET. EACH ROOM HAS A BATHROOM ADJOINING IT WHICH HAS A FLOOR SPACE OF TEN SQUARE FEET. ALL CORRIDORS ARE CARPETED.

WRITE DOWN AT LEAST THREE NEW QUESTIONS WHICH MAY BE ANSWERED BY MATHEMATICAL APPLICATIONS OF THE INFORMATION ABOVE. WRITE ONE QUESTION ON ONE PAGE OF PAPER. UNDER EACH DESCRIBE THE PROBLEM SET-UP. WHICH OPERATIONS ARE TO BE USED AND ORDER OF OPERATIONS. AFTER DISCUSSION WITH OTHER PARTICIPANTS AND THE INSTRUCTOR. ATTEMPT TO WORK OUT THE ANSWER TO EACH QUESTION. YOU MAY WISH TO ADD QUESTIONS AFTER THE DISCUSSIONS AND ANSWER THEM AS WELL.

GEOMETRY

A. LINES AND ANGLES:

#1. CONSIDER FOUR STRAIGHT ROADS. TWO OF THE ROADS ARE PARALLEL, AND THE THIRD CROSSES THE FIRST TWO AT A SIXTY DEGREE ANGLE. THE FOURTH ROAD IS PERPENDICULAR TO THE PARALLEL ROADS. NO MORE THAN TWO ROADS INTERSECT AT ANY ONE PLACE. EACH INTERSECTION OF TWO ROADS CREATES FOUR ANGLES. DRAW A DIAGRAM, USING LINES TO REPRESENT EACH OF THE ROADS, WHICH SHOWS ALL POSSIBLE INTERSECTIONS. LABEL EACH ANGLE OF EACH INTERSECTION WITH ITS SIZE IN DEGREES. WHICH OF THE ANGLES ARE ACUTE, WHICH ARE OBTUSE AND WHICH ARE RIGHT ANGLES?

B. GEOMETRIC SHAPES:

#2. LOOK UP THE DEFINITION OF "POLYGON". WRITE DOWN THE PAGE NUMBER AND TITLE OF THE BOOK WHERE YOU FOUND IT. WHAT IS A REGULAR POLYGON?

WRITE DOWN A SYNONYM FOR EACH OF THE FOLLOWING:

A THREE SIDED POLYGON -
A FOUR SIDED POLYGON -
A FIVE SIDED POLYGON -
A SIX SIDED POLYGON -
A SEVEN SIDED POLYGON -
AN EIGHT SIDED POLYGON -
A NINE SIDED POLYGON -
A TEN SIDED POLYGON -

A STOP SIGN IS A REGULAR ___ _____.

A BASEBALL DIAMOND IS A ______ ____ _____ ___, OR A ______.

THERE IS A HUGE OFFICE BUILDING IN ARLINGTON, VA WHICH HAS FIVE EQUAL SIDES. IT IS CALLED THE ______.

#3. AS YOU STAND JUST AT THE EDGE OF A CIRCULAR POOL WITH A FOUNTAIN IN THE CENTER, YOUR FRIEND STANDS DIRECTLY OPPOSITE, ALSO AT THE EDGE, SO THAT THE FOUNTAIN IS BETWEEN YOU. A LINE DRAWN BETWEEN YOU AND YOUR FRIEND WOULD DESCRIBE THE ________ OF THE POOL. A LINE BETWEEN YOU AND THE FOUNTAIN IS THE ______ OF THE POOL. IF YOU WALK ABOUT ONE QUARTER OF THE WAY AROUND THE POOL WHILE YOUR FRIEND REMAINS STILL, A STRAIGHT LINE BETWEEN THE TWO OF YOU NOW IS A _____ OF THE CIRCLE FORMED BY THE POOL'S EDGE. THE DISTANCE YOU WALKED ALONG THE EDGE OF THE POOL IS AN ___ OF THE CIRCLE.

BEST COPY AVAILABLE

C. PERIMETER, CIRCUMFERENCE AND AREA OF QUADRILATERALS, TRIANGLES AND CIRCLES:

A HOSPITAL HAS THREE DIFFERENT SHAPED ROOMS WHICH MANAGEMENT PLANS TO RECARPET. THE INTERIOR DECORATOR, IN ORDER TO PROVIDE A PRELIMINARY ESTIMATE OF THE COST, CONSULTS THE BLUEPRINTS AND FINDS THAT:

#4. THE FIRST ROOM HAS FOUR STRAIGHT SIDES OF DIFFERENT LENGTHS AS FOLLOWS: 15 FEET, 12 FEET, 20 FEET AND 13 FEET. THE 15 FT AND 20 FT SIDES ARE OPPOSITE AND PARALLEL EACH OTHER, WHILE THE 12 FT SIDE IS PERPENDICULAR TO BOTH OF THEM. DRAW A LINE DIAGRAM OF THE PERIMETER OF THE ROOM. LABEL EACH SIDE WITH ITS LENGTH AND COMPUTE THE LENGTH OF THE PERIMETER AND THE TOTAL AREA OF THE ROOM.

#5. THE SECOND ROOM HAS ONLY THREE SIDES, ALL STRAIGHT. TWO OF THEM ARE AT RIGHT ANGLES AND ARE NINE AND TWELVE FEET LONG. THE THIRD SIDE IS FIFTEEN FEET LONG. DRAW A LINE DIAGRAM OF THE PERIMETER OF THE ROOM, LABEL EACH SIDE WITH ITS LENGTH AND COMPUTE THE LENGTH OF THE PERIMETER AND THE TOTAL AREA OF THE ROOM.

#6. THE THIRD ROOM IS CIRCULAR AND THE BLUEPRINT SHOWS ONLY THE DIAMETER, WHICH IS FOURTEEN FEET. USE $\prod = 22/7$. DRAW A LINE DIAGRAM OF THE PERIMETER OF THE ROOM, DRAW AND LABEL THE RADIUS AND COMPUTE THE LENGTH OF THE PERIMETER (CIRCUMFERENCE) AND THE TOTAL AREA OF THE ROOM.

D. VOLUME OF PRISMS AND PYRAMIDS:

#7. YOU WANT TO FILL A DEEP SINK WITH WATER. THE SINK IS LARGER AT THE TOP THAN IT IS AT THE BOTTOM. THE OPEN TOP IS RECTANGULAR AND HORIZONTAL, TWO FEET BY THREE FEET. THE BOTTOM IS ALSO RECTANGULAR, BUT ONLY ONE FOOT BY THREE FEET, FLAT AND HORIZONTAL. THE TWO SIDES AND THE BACK ARE FLAT AND VERTICAL AND TWO FEET, TOP TO BOTTOM. THE FRONT IS FLAT, BUT SLANTS OUT TOWARD YOU. DRAW A LINE DIAGRAM OF ONE SIDE, THE TOP AND THE BOTTOM OF THE SINK, LABELING THE EDGES WITH THEIR LENGTHS. IF ONE CUBIC FOOT CONTAINS SEVEN AND ONE HALF GALLONS, HOW MANY GALLONS WILL YOU NEED TO FILL THE SINK?

#8. THE GREAT PYRAMID IN EGYPT HAS A SQUARE BASE TWO HUNDRED FEET ON A SIDE AND IS NINETY FEET HIGH. DRAW A LINE DIAGRAM OF THE BASE AND ONE SIDE OF THE PYRAMID, LABELING EACH KNOWN EDGE WITH ITS LENGTH. HOW MANY CUBIC FEET DOES IT CONTAIN?

E. VOLUME OF CYLINDERS AND CONES:

#9. A FIFTY GALLON DRUM IS THREE FEET HIGH. THERE ARE SEVEN AND ONE HALF GALLONS IN ONE CUBIC FOOT. AND $\pi = 22/7$. WHAT IS THE DIAMETER OF THE DRUM? DRAW A TOP VIEW AND A SIDE VIEW OF THE DRUM AND LABEL THE HEIGHT AND DIAMETER.

#10. A PHARMACIST USES A LARGE CONICAL FUNNEL TO FILL A NARROW-MOUTH ONE-QUART JAR WITH A VISCOUS LIQUID. SINCE THE LIQUID RUNS SLOWLY. THE JAR IS ONLY HALF FULL WHEN THE FUNNEL IS FILLED TO THE TOP AND THE PHARMACIST STOPS ADDING FLUID. THE FUNNEL IS SEVEN INCHES ACROSS AT THE WIDEST END AND THREE INCHES TALL FROM THE WIDEST END TO THE NARROWEST POINT. USE $\pi = 22/7$ AND 57.6 CUBIC INCHES TO ONE QUART. CAN YOU GIVE THE PHARMICIST ANY ADVICE?

F. VOLUME OF SPHERES:

#11. A CHILD PLAYING AT A WADING POOL. WHICH IS FILLED TO THE TOP WITH WATER. PUSHES A BEACH BALL UNDER THE WATER. THE BALL IS TWO AND ONE TENTH FEET IN DIAMETER. THERE ARE SEVEN AND ONE HALF GALLONS IN ONE CUBIC FOOT. AND $\pi = 22/7$. HOW MUCH WATER SPILLS OVER?

BEST COPY AVAILABLE

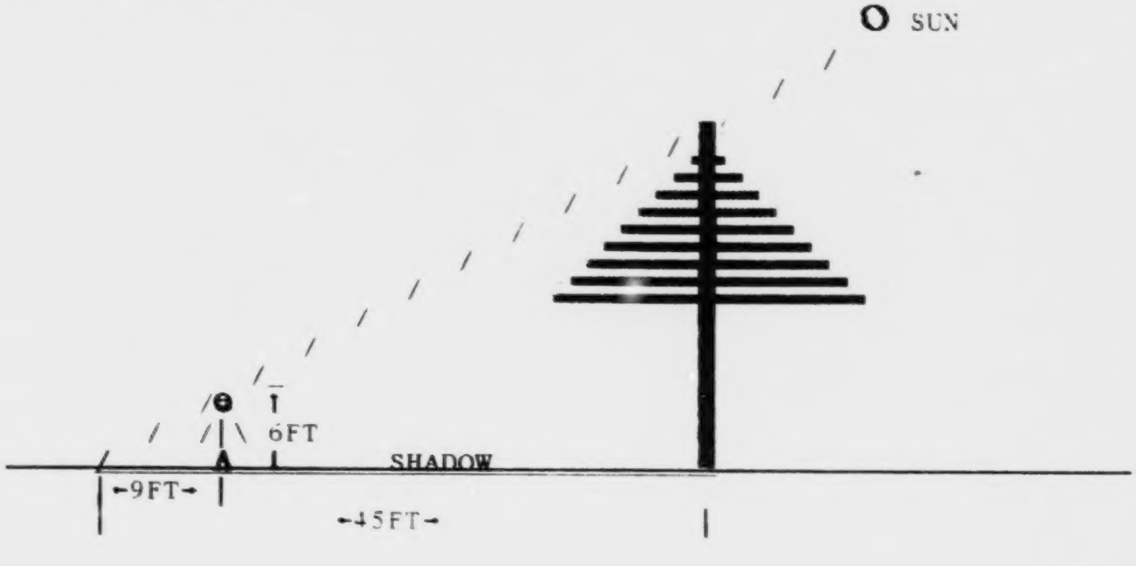
G. SIMILAR TRIANGLES:

#12. JACK HAS A TREE ON HIS PROPERTY WHICH HE WANTS TO CUT DOWN. THE TREE IS SURROUNDED ON FOUR SIDES AS FOLLOWS: 25 FEET FROM THE HOUSE, 35 FEET FROM THE GAZEBO, 10 FEET FROM THE FENCE, AND 40 FEET FROM THE GARAGE. JACK WANTS TO DETERMINE IF THERE IS ENOUGH ROOM FOR THE TREE TO FALL WITHOUT DESTROYING ANYTHING AND IF SO, IN WHICH DIRECTIONS (IF ANY) SHOULD IT BE BROUGHT DOWN. HOW CAN JACK MAKE THIS DETERMINATION?

HOW CAN JACK USE THE INFORMATION IN THE DIAGRAM BELOW TO HELP HIM MAKE THIS DETERMINATION?

HOW ARE TRIANGLES SIGNIFICANT TO THE SOLUTION OF THIS PROBLEM?

HOW ARE THE TRIANGLES RELATED TO PROPORTION?



H. PYTHAGOREAN THEOREM:

#13. YOU ARE FOUR MILES FROM THE NEAR END OF A STRAIGHT BRIDGE WHICH CROSSES A LAKE. THE BRIDGE IS THREE MILES LONG AND PERPENDICULAR TO THE LINE FROM YOU TO ITS NEAR END. HOW FAR ARE YOU FROM THE OTHER END OF THE BRIDGE?

#14. A MAINTENANCE MAN HAS TO PAINT THE OUTSIDE WALL OF A THREE STORY BUILDING. HE HAS A TWENTY-FIVE FOOT EXTENSION LADDER. FOR SAFETY, HE SETS THE FOOT OF THE LADDER SEVEN FEET FROM THE BOTTOM OF THE WALL. HOW HIGH ABOVE THE GROUND WILL THE LADDER TOUCH THE WALL?

I. DESIGNING PROBLEMS:

A SECOND HOSPITAL IS DESIGNED AS A CYLINDER WITH THE PATIENT ROOMS AROUND THE OUTER EDGE OF EACH OF FOUR FLOORS. THE BASEMENT CONTAINS MAINTENANCE, SUPPLY, HOUSEKEEPING AND FOOD SERVICES AND ADMINISTRATION IS ON THE FIFTH (TOP) FLOOR. THE NURSES STATIONS, STAIRS AND ELEVATORS ARE IN THE CENTER OF EACH OF THE FIRST FOUR FLOORS. THE INSIDE OF EACH PATIENT ROOM EXTENDS FROM THE OUTER WALLS THIRTEEN FEET TOWARD THE CENTER, AND TEN FEET ALONG THE CIRCULAR, OUTER WALL. THE OUTSIDE DIAMETER OF THE BUILDING IS SEVENTY-FOUR FEET AND THE OUTER WALLS ARE TWO FEET THICK. INTERIOR WALLS BETWEEN PATIENT ROOMS ARE ONE FOOT THICK AND THERE ARE TWO FEET BETWEEN THE CEILING OF ONE ROOM AND THE FLOOR OF THE ROOM ABOVE. ALL CEILINGS ARE EIGHT FEET HIGH. THE ROOF IS THREE FEET THICK AND THE BASEMENT IS ENTIRELY UNDERGROUND.

WRITE DOWN AT LEAST THREE QUESTIONS WHICH MAY BE ANSWERED BY GEOMETRICAL APPLICATIONS OF THE INFORMATION ABOVE. WRITE ONE QUESTION ON ONE PAGE OF PAPER. UNDER EACH DESCRIBE THE PROBLEM SET-UP, WHICH OPERATIONS ARE TO BE USED AND ORDER OF OPERATIONS. AFTER DISCUSSION WITH OTHER PARTICIPANTS AND THE INSTRUCTOR, ATTEMPT TO WORK OUT THE ANSWER TO EACH QUESTION. YOU MAY WISH TO ADD QUESTIONS AFTER THE DISCUSSIONS AND ANSWER THEM AS WELL.

User Friendly Algebra

Developed by:
T. Grayson Redford
Edmund Vitale, Jr.

USER FRIENDLY ALGEBRA

INTRODUCTION

1. OUTLINE

- * WE WILL START WITH A REVIEW OF DEFINITIONS, NUMBER ORGANIZATION, OPERATIONS AND SYMBOLS.
- * WORD PROBLEMS WILL FORM THE BASIS FOR EXAMINING EACH MATHEMATICAL PROCEDURE.
- * WORD PROBLEMS CONTAIN EASY NUMBERS AND PROCEDURES AT THE BEGINNING IN ORDER TO EMPHASIZE UNDERSTANDING OF THE PROBLEM.
- * THE PROBLEMS WILL INCREASE IN COMPLEXITY AS CONFIDENCE AND SKILL IMPROVE.
- * WE WILL PAUSE FOR CALCULATION DRILLS WHEN NECESSARY.
- * EXPECT ONE OR TWO PROBLEMS IN EACH OF THE FOLLOWING AREAS:

A. FRACTIONS
  - DECIMAL/FRACTION CONVERSION
  - EQUIVALENT/COMMON DENOMINATOR
  - LOWEST TERMS/MIXED NUMBERS
  - ADDITION
  - SUBTRACTION
  - MULTIPLICATION
  - DIVISION
  - MIXED/MULTIPLE OPERATIONS

B. RATIO/PROPORTION/PERCENT
  - CONVERTING DECIMALS, FRACTIONS, PERCENTS
  - PROPORTION
  - PERCENT
  - INTEREST

C. GEOMETRY
  - LINES AND ANGLES
  - GEOMETRIC SHAPES
  - PERIMETER AND CIRCUMFERENCE
  - AREA OF QUADRILATERALS
  - AREA OF TRIANGLES
  - AREA OF CIRCLES
  - VOLUME OF PRISMS AND PYRAMIDS
  - VOLUME OF CYLINDERS AND CONES
  - VOLUME OF SPHERES
  - SIMILAR TRIANGLES
  - PYTHAGOREAN THEOREM

D. INTRODUCTION TO ALGEBRA

- SIGNED NUMBERS, ADDITION AND SUBTRACTION
- SIGNED NUMBERS, MULTIPLICATION AND DIVISION
- WRITING ALGEBRAIC EXPRESSIONS (UNKNOWN NUMBERS)
- ADDITION/SUBTRACTION OF ALGEBRAIC TERMS
- MULTIPLICATION/DIVISION OF ALGEBRAIC TERMS
- EVALUATING ALGEBRAIC EXPRESSIONS AND FORMULAS
- ORDER OF OPERATIONS
- ALGEBRAIC EQUATIONS
- ADDITION/SUBTRACTION IN EQUATIONS
- MULTIPLICATION/DIVISION IN EQUATIONS
- GROUPING SYMBOLS
- MIXED/MULTIPLE OPERATIONS

2. LEARNER PARTICIPATION:

- LOOK UP UNFAMILIAR WORDS, OPERATIONS OR PROCEDURES.
- MAKE A WORD LIST.
- ASK QUESTIONS ABOUT ANYTHING YOU DON'T UNDERSTAND:
    - CONTENT (WORDS, SYMBOLS, NUMBERS)
    - PROCEDURE (USING RESOURCES, ORDER OF OPERATIONS)
    - RESULTS OF PROBLEM SOLVING ACTIVITY
    - METHODS USED: YOURS AND OTHERS
    - REASONS FOR YOUR SELECTION OF A PARTICULAR METHOD
    - ADVANTAGES OF ONE METHOD OVER ANOTHER
- PRACTICE UNFAMILIAR OPERATIONS AND PROCEDURES:
    - PAPER AND PENCIL
    - COMPUTER AIDED INSTRUCTION

3. METHODS AND PROCEDURES TO BE USED IN THIS COURSE:

A. WORD PROBLEMS:
READ WORD PROBLEMS (TWO OR MORE TIMES)
DETERMINE WHAT IS BEING ASKED
DRAW A PICTURE TO HELP UNDERSTANDING
DETERMINE CALCULATIONS REQUIRED (SET UP THE EQUATION)
USE BOOKS AS RESOURCES:
1)MATH BY OBJECTIVES
2)HEALTH OCCUPATIONS MATH
3)HEALTH OCCUPATIONS KNOWLEDGE
4)DICTIONARY
CALCULATE
CHECK YOUR CALCULATIONS
ANSWER THE QUESTION
WRITE THE RESULTS SO OTHERS WILL UNDERSTAND THEM

B. PRACTICE EXERCISES:
WILL BE BASED ON THOSE OPERATIONS USED IN WORD PROBLEMS
WILL VARY DEPENDING ON INDIVIDUAL REQUIREMENTS
WILL NORMALLY BE DONE OUTSIDE CLASS
WILL BE REVIEWED IN CLASS IF NOT UNDERSTOOD, OTHERWISE WILL BE REVIEWED BETWEEN CLASSES

C. TESTING:
ASSESSMENTS BEFORE/AFTER COURSE TO DETERMINE SKILL LEVEL
INFORMAL ASSESSMENT BASED ON DEMONSTRATED PERFORMANCE ON PROBLEM SOLVING AND PRACTICE EXERCISES:
INCLUDES PERIPHERAL ABILITIES SUCH AS CONFIDENCE, ORGANIZATION, THOUGHTFULNESS, ABILITY TO COMMUNICATE
RESULTS COMMUNICATED VERBALLY TO STUDENT
RECORDED IN INDIVIDUAL FOLDERS MAINTAINED BY PROJECT PRO

D. MEETING TIME/PLACE: TBA

INTRODUCTION TO ALGEBRA

A. SIGNED NUMBERS, ADDITION AND SUBTRACTION:

#1. ONE NIGHT THE MINIMUM TEMPERATURE WAS TWELVE DEGREES BELOW ZERO. THE TEMPERATURE ROSE THIRTY DEGREES DURING THE FOLLOWING DAY. WHAT WAS THE HIGH TEMPERATURE? THE TEMPERATURE INSIDE THE HOSPITAL WAS STEADY AT SEVENTY DEGREES, DAY AND NIGHT. WHAT WAS THE DIFFERENCE BETWEEN INSIDE AND OUTSIDE TEMPERATURES THAT NIGHT? WHAT WAS THE DIFFERENCE BETWEEN INSIDE AND OUTSIDE TEMPERATURES THE FOLLOWING DAY?

#2. AN AIRPLANE FLEW FIVE HUNDRED FEET ABOVE THE WATER'S SURFACE OVER A SUBMARINE, WHICH HAD BEEN HOVERING AT NEGATIVE FIFTY FEET FROM THE SURFACE. HOW FAR WAS THE SUB FROM THE AIRPLANE WHEN THE PLANE FLEW OVER? THE SUB DOVE TO A DEPTH OF NEGATIVE SIX HUNDRED FEET. WHAT DISTANCE DID THE SUB MOVE VERTICALLY? WHEN THE PLANE COMES BACK DIRECTLY OVER THE SUB'S NEW POSITION, THIS TIME AT AN ALTITUDE OF ONE THOUSAND FEET, HOW FAR APART WILL THEY BE?

B. SIGNED NUMBERS, MULTIPLICATION AND DIVISION:

#3. A MINE ELEVATOR DESCENDED FROM THE SURFACE AT A RATE OF NEGATIVE TEN FEET PER SECOND AND STOPPED AT THE END OF THREE MINUTES. WHAT WAS ITS ELEVATION WITH RESPECT TO THE SURFACE?

#4. THE ELEVATOR CONTINUED DOWNWARD AT THE SAME RATE UNTIL IT REACHED NEGATIVE FIVE THOUSAND, ONE HUNDRED FEET FROM THE SURFACE. HOW LONG DID IT TAKE, IN MINUTES, FROM THE FIRST STOP?

C. WRITING ALGEBRAIC EXPRESSIONS (UNKNOWN NUMBERS):

#5. A HOSPITAL HAS TWO DIFFERENT ROOM FLOOR PLANS. THE FIRST PLAN IS RECTANGULAR, HAVING WIDTH W AND LENGTH L. THE SECOND IS ALSO RECTANGULAR, BUT IS TWICE AS LONG AS THE FIRST AND THREE QUARTERS AS WIDE AS THE FIRST. EXPRESS THE AREAS OF BOTH ROOMS IN TERMS OF THE LENGTH AND WIDTH OF THE FIRST. WHICH ROOM HAS MORE FLOOR SPACE?

#6. I AM NOW TWICE MY DAUGHTER'S PRESENT AGE, "A". AT SOME FUTURE TIME I WILL BE ONLY ONE AND ONE HALF TIMES MY DAUGHTER'S AGE. HOW LONG BEFORE THAT WILL OCCUR? WRITE THE ANSWER IN TERMS OF MY DAUGHTER'S AGE, "A".

D. ADDITION/SUBTRACTION OF ALGEBRAIC TERMS:

#7. THE DRIVER LOADED HIS TRUCK WITH "X" POUNDS OF CEMENT. HE THEN DROVE TO THE SCALE AND HAD HIS TRUCK WEIGHED. THE TRUCK LOADED WITH CEMENT WEIGHED 13075 POUNDS. HOW MUCH DOES HIS TRUCK WEIGH WHEN IT IS EMPTY? EXPRESS IN TERMS OF "X".

#8. A CHILD'S TOY CONTAINS BLOCKS OF VARIOUS SHAPES. THERE ARE TWO SPHERES AND A CUBE. THE DIAMETER OF ONE SPHERE IS "X" INCHES. THE LENGTH OF ONE EDGE OF THE CUBE IS ALSO "X" INCHES. THE DIAMETER OF THE SECOND SPHERE IS TWICE THE DIAMETER OF THE FIRST. WHAT IS THE VOLUME OF ALL THREE BLOCKS TOGETHER? EXPRESS IN TERMS OF "X" AND SIMPLIFY.

E. MULTIPLICATION/DIVISION OF ALGEBRAIC TERMS:

#9. A CIRCLE OF DIAMETER "D" IS CONTAINED IN A SQUARE WHOSE SIDE IS ALSO OF LENGTH "D". THE SQUARE IS CONTAINED IN A SECOND CIRCLE WHICH JUST TOUCHES THE SQUARE AT ITS VERTICES (CORNERS). DRAW A LINE DIAGRAM OF THIS FIGURE. EXPRESS THE PERIMETER OF THE SQUARE IN TERMS OF "D". EXPRESS THE PERIMETERS OF EACH OF THE CIRCLES IN TERMS OF "D" AND π.

#10. REFERRING TO QUESTION 9 ABOVE. EXPRESS THE AREA OF THE SQUARE IN TERMS OF "D". EXPRESS THE AREA OF EACH OF THE TWO CIRCLES IN TERMS OF "D" AND π. HOW MANY TIMES LARGER IS THE AREA OF THE SECOND CIRCLE THAN THE THAT OF THE SQUARE? HOW MANY TIMES LARGER IS THE AREA OF THE SECOND CIRCLE THAN THAT OF THE FIRST CIRCLE?

F. EVALUATING ALGEBRAIC EXPRESSIONS AND FORMULAS:

#11. IF "D" IN PROBLEM 9, ABOVE IS SEVEN INCHES, WHAT ARE THE PERIMETERS OF THE SQUARE AND OF EACH OF THE TWO CIRCLES? WHAT ARE THE AREAS OF THE SQUARE AND OF EACH OF THE TWO CIRCLES?

G. ALGEBRAIC EQUATIONS:

#12. JOHN AND JIM HAVE THE SAME NUMBER OF GRANDCHILDREN. JOHN'S ARE TWO BOYS AND THREE TIMES AS MANY GIRLS AS JIM. JIM HAS FOUR GRANDSONS. WRITE AN ALGEBRAIC EQUATION WHICH SHOWS THAT THEY HAVE THE SAME NUMBER OF GRANDCHILDREN, AND IN WHICH THE ONLY UNKNOWN IS "Y", THE NUMBER OF JIM'S GRANDDAUGHTERS. HOW MANY GRANDDAUGHTERS DO THEY EACH HAVE

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H. ADDITION/SUBTRACTION IN EQUATIONS:

#13. A CERTAIN WING OF A HOSPITAL CONTAINS TWENTY ROOMS, OF WHICH SIXTEEN ARE OCCUPIED. THE HOUSEKEEPER MUST CLEAN TEN OF THE TWENTY ROOMS BEFORE TWO IN THE AFTERNOON. ONLY ONE OF THE UNOCCUPIED ROOMS IS TO BE CLEANED. X IS THE NUMBER OF OCCUPIED ROOMS WHICH WILL NOT BE CLEANED. FIND X.

I. MULTIPLICATION/DIVISION IN EQUATIONS:

#14. ALICE AND BETTY, TWO HOUSEKEEPERS AT WMC, AGREE TO MEET FOR LUNCH AS SOON AS BOTH COMPLETE CLEANING A ROOM AT EXACTLY THE SAME TIME. ALICE (A) FINISHES A ROOM EVERY 24 MINUTES, WHILE BETTY (B) COMPLETES A ROOM EVERY 27 MINUTES. IF THEY BOTH BEGIN CLEANING AT 8:15 AM, WHAT TIME IS LUNCH? HOW MANY ROOMS HAVE THEY EACH CLEANED? WRITE AN ALGEBRAIC EQUATION TO SHOW YOUR CONCLUSION.

J. ORDER OF OPERATIONS:

#15. ONE WEEK THREE PHYSICAL THERAPISTS VISITING PATIENTS WERE PAID A TOTAL OF $1500. EACH RECEIVED SIXTY DOLLARS PER PATIENT VISITED. JOAN VISITED TWICE AS MANY PATIENTS AS KEN AND KEN VISITED THREE MORE THAN LISA. HOW MUCH MONEY DID EACH RECEIVE?

#16. YOU HAVE TWO CONTAINERS. THE FIRST HAS A RECTANGULAR BOTTOM AND IS TWICE AS LONG AS IT IS WIDE AND THREE TIMES HIGHER THAN IT IS WIDE. THE SECOND IS CYLINDRICAL, WITH A RADIUS EQUAL TO HALF ITS HEIGHT. THE CYLINDER IS EXACTLY TWO THIRDS AS HIGH AS THE RECTANGULAR CONTAINER. EXPRESS THE TOTAL VOLUME OF BOTH CONTAINERS IN TERMS OF THE WIDTH OF THE FIRST.

#17. IF THE FIRST CONTAINER IN #16 ABOVE IS TWO INCHES WIDE AND THERE ARE 7.5 GALLONS IN A CUBIC FOOT, HOW MANY QUARTS WILL THE TWO CONTAINERS HOLD? (1 GALLON = 4 QUARTS).

K. GROUPING SYMBOLS:

#18. AT A CERTAIN PROFESSIONAL MEDICAL BUILDING THE GENERAL PRACTITIONERS EACH EMPLOY ONE NURSE AND ONE NURSE AIDE. THERE ARE HALF AS MANY OB/GYNS AS GPS AND EACH OB/GYN HAS A NURSE, BUT THERE IS ONLY ONE AIDE FOR EVERY THREE OB/GYNS. THERE ARE ONE THIRD AS MANY DENTISTS AS GPS AND EACH DENTIST HAS AN ASSISTANT. THERE ARE THREE DENTAL HYGEINISTS FOR THE GROUP. THERE IS ONE SECRETARY/CLERK FOR EVERY TWO DOCTORS (GP, OB/GYN, DENTIST) IN THE BUILDING AND ONE CARETAKER/HOUSEKEEPER FOR EVERY TWELVE PEOPLE WORKING IN THE BUILDING (NOT INCLUDING THE CARETAKER/HOUSEKEEPERS THEMSELVES). WRITE AN EXPRESSION FOR THE NUMBER OF PEOPLE WHO WORK IN THE BUILDING IN TERMS OF THE NUMBER OF GPS.

#19. [illegible] CODES REQUIRE THAT THE BUILDING ABOVE HAVE AT LEAST TWENTY SQUARE FEET OF FLOOR SPACE FOR EACH OCCUPANT. AT THE MOST, EACH DOCTOR SEES TWO PATIENTS AT A TIME, HAS TWO PATIENTS WAITING OR CHECKING IN, AND HAS ONE SALESMAN OR OTHER CONSULTANT IN THE BUILDING AT ONCE. IF THE BUILDING HAS 12,000 SQUARE FEET OF FLOOR SPACE, WHAT IS THE LARGEST NUMBER OF GPS THAT COULD WORK THERE [illegible] AND STILL SATISFY [illegible].

L. MIXED/MULTIPLE OPERATIONS:

#20. [illegible] GRAMS OF A MEDICINE HAVE [illegible] STRENGTH OF TWO mg/ml. THE DOCTOR [illegible] MILLILITERS AT A STRENGTH OF 1.5 mg/ml. [illegible] AND HOW MUCH SALINE SHOULD BE ADDED TO ACCOMPLISH [illegible]

#21. A HOUSEKEEPER HAS A FIVE GALLON BUCKET HALF FULL OF CLEANING SOLUTION, [illegible] FIFTEEN PERCENT CLEANING COMPOUND AND EIGHTY-FIVE PERCENT WATER. SHE NEEDS A FULL BUCKET OF TEN PERCENT SOLUTION. HOW MUCH WATER AND HOW MUCH CLEANING COMPOUND SHOULD SHE ADD TO THE EXISTING SOLUTION TO GET WHAT SHE NEEDS?

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M. DESIGNING PROBLEMS:

THE HOSPITAL HAS FIVE FLOORS AND A BASEMENT. FOUR OF THE FLOORS HAVE PATIENT ROOMS. THERE ARE SIXTY-FIVE PATIENT ROOMS ON EACH OF THE FOUR FLOORS.

EACH ROOM HAS AT LEAST ONE BED AND SOME ROOMS HAVE TWO. NO ROOMS HAVE MORE THAN TWO BEDS. THERE ARE FOUR HUNDRED PATIENT BEDS IN THE HOSPITAL.

A PATIENT PAYS FIVE HUNDRED THIRTEEN DOLLARS AND TWENTY FIVE CENTS PER DAY FOR A BED IF THERE ARE TWO BEDS TO A ROOM AND SEVEN HUNDRED NINE DOLLARS AND EIGHTY ONE CENTS PER DAY IF ASSIGNED TO A ROOM WITH ONE BED.

ON AVERAGE THREE QUARTERS OF THE TWO-BED ROOMS ARE OCCUPIED AT ANY ONE TIME. AND TWO THIRDS OF THE SINGLE-BED ROOMS ARE OCCUPIED AT ONE TIME.

ALL PATIENT ROOMS AND ADJOINING BATHS HAVE TILED FLOORS. EACH TWO-BED ROOM MEASURES FIFTEEN FEET BY TWELVE FEET. EACH SINGLE-BED ROOM MEASURES TEN FEET BY TWELVE FEET. EACH ROOM HAS A BATHROOM ADJOINING IT WHICH HAS A FLOOR SPACE OF TEN SQUARE FEET. ALL CORRIDORS ARE CARPETED.

FLOOR TILE CLEANING COMPOUND COSTS TWENTY-ONE DOLLARS PER GALLON AND MUST BE DILUTED EIGHT TO ONE WITH WATER BEFORE USE. IT TAKES APPROXIMATELY ONE QUART OF DILUTED MIXTURE TO CLEAN ONE HUNDRED SQUARE FEET OF FLOOR SPACE.

EACH ROOM MUST BE CLEANED EVERY DAY.

WRITE DOWN AS MANY NEW QUESTIONS AS YOU CAN THINK OF WHICH MAY BE ANSWERED BY MATHEMATICAL, GEOMETRICAL OR ALGEBRAIC APPLICATIONS OF THE INFORMATION ABOVE. WRITE ONE QUESTION ON ONE PAGE OF PAPER. UNDER EACH WRITE OUT HOW YOU WOULD ATTEMPT TO ANSWER THE QUESTION. DESCRIBE THE PROBLEM SET-UP. ORDER OF OPERATIONS AND WHICH OPERATIONS ARE TO BE USED. AFTER DISCUSSION WITH OTHER PARTICIPANTS AND THE INSTRUCTOR. ATTEMPT TO WORK OUT THE ANSWER TO EACH QUESTION. YOU MAY WISH TO ADD QUESTIONS AFTER THE DISCUSSIONS AND ANSWER THEM AS WELL.

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Problem Solving Through Self Awareness

Developed by:
Lee Ann Turner

PROBLEM SOLVING
THROUGH SELF-AWARENESS

The class meets 5 times for two hours. The two hour time slot allows for a balance between discussion and learning relaxation techniques.

The class focuses on learning to deal with the stressors of daily life. both at work and at home. The class covers strategies for coping with stress and techniques to reduce it. Strategies emphasize mastering relaxation techniques and reading self-help books which teach good nutrition, meditation, stress reduction, and self-esteem building.

Books and materials are available for participants to look at and read at every class meeting. They are allowed to check the books out for one week.

CLASSES #1-5

The class begins with a lecture on the meaning of stress and how it affects a person physically. The lecture also includes a talk covering the rationale for the use of books, pictures, positive affirmations, music, and audio/video relaxation tapes to assist a person in reducing stress.

Participants take a standard stress inventory. The items on the inventory suggest possible stress producing areas for the participants by looking at the high score items for the participants.

Most stress inventories include questions related to work. travel/commuting. family problems. eating habits. personal boundaries, and compulsive behaviors. High scores in any of these areas can indicate unresolved negative stress for the participant. Looking at the individual items on the inventory allows them to study their lifestyle in units and find problems which might not be obvious.

Often. employees are ready to blame their problems on co-workers and supervisors because they "feel" or experience the highest stress symptoms on the job. By objectively looking at their lifestyle. participants come realize that their stress may be coming from many areas.

The brainstorming and problem-solving method of instructing and learning is used in this class. Participants discuss their problem areas from the stress inventory and use information from their reading materials to assist each other in brainstorming solutions for problems. The facilitator's job is to make suggestions and keep the group on track. If any group member is taking too much time. the group usually tries to switch topics on their own or the facilitator can find a way to turn the discussion to another topic.

During each class participants look at their stressors to determine if their behavior is contributing to the stress or negativeness in their lifestyle. They explore which factors are within their control and learn to let go of the influences they cannot control. Participants are also taught "thought stopping" techniques to modify their compulsive thinking or behaviors. Taking responsibility for their own behavior is another element of the course which is emphasized at each meeting.

The final 30-45 minutes of each class is spent practicing exercises for stretching stiff muscles. especially to combat computer work and long periods of sitting. A thirty minute audio or video relaxation tape is played to teach autogenic relaxation.

A special evaluation form (attached) is completed by each participant at the end of the five session. Participants are encouraged to look at their behavior upon entering the class to explore changes which may have taken place.

Career Development

Developed by:
Lee Ann Turner

CAREER DEVELOPMENT

The class meets 5 times for 1.5 hours with optional out-of-class activities. In-class activities include interpretation of the Myers-Briggs Type Indicator (MBTI) and the Hall Occupational Orientation Inventory; exploration of careers based on the interpretations; and guidance in exploring education and training options to enter a desired career track. Participants arrange to take the MBTI in the Project PRO Office before the first class meets.

Out-of-class activities include learning to use the Project PRO career exploration computer software, campus tours of Dowell J. Howard Vocational-Technical School and Lord Fairfax Community College, and/or viewing two forty-five minute career and vocational interest video tapes in order to gain more information and explore career options. In addition, all books and materials are taken to the classroom one hour prior to class for those participants wishing to come early and read the career resource materials.

CLASS #1

CAREER INTEREST AND PERSONALITY TESTING

The Hall Inventory is administered at the beginning of the first class. Students are asked to use a self-scorable answer sheet and plot their scores on page 4 of their interpretative booklet. Participants take turns reading the interpretative explanations and reporting their results. They ask clarifying questions and make connections with their own interpretations of the high scoring items (1-13). Items 14-22 are more complicated to interpret and participants are encouraged to see the instructor after class if they have questions.

This discussion process encourages group interaction and self-disclosure. Participants discover that sharing ideas promotes learning and greater problem-solving ability.

As another reading and resource activity, the class then discusses the Career Development Definitions by reading and reasoning out the definitions. Participants often begin to set career exploration goals during this discussion.

The Myers-Briggs Type Indicator interpretive materials are covered in the second class meeting.

ALL MATERIALS ARE ORDERED FROM THE FOLLOWING PUBLISHERS, *tests and materials are copyrighted.*

Hall, L. G. & Tarrier, R. B. (1976). The Hall Occupational Orientation Inventory, Third Edition. Scholastic Testing Service, Inc., Bensenville, IL.

Myers, P. B. & Myers, K. D. (1992). The Myers-Briggs Type Indicator. Consulting Psychologists Press, Inc., Palo Alto, CA.

(Sample interpretive materials attached)

CLASS # 2

The MBTI interpretive materials are handed out to participants with their four-letter type indicated on the cover. Each person silently reads their own interpretation for verification of the type. If there are problems with the intrepretation, participants are asked to meet with the instructor outside of class. At this point, participants ask clarifying questions.

The interpretative materials are covered by a lecture/group discussion format. Emphasis is placed on the eight descriptions which make up the four letter combinations, i.e. introversion and extroversion. The information in the lecture points out the positive personality characteristics of each type. Participants are asked to give examples of possible work and/or personal relationship conflicts which might arise when opposite types are trying to complete a project.

The reading materials indicate how learning styles relate to their MBTI interpretation. Participants read and discuss the information provided on learning styles and the MBTI.

Finally, participants integrate their MBTI characteristics to their Hall Inventory characteristics. This is a brainstorming exercise in which they are asked to make connections between two sets of learning to reinforce the learning.

This discussion often takes more than one class meeting.

RECOMMENDED READING FOR CLASS (BOOKS ARE AVAILABLE EACH CLASS PERIOD ONE HOUR BEFORE CLASS BEGINS):

1. Chapter 12, Learn About Your Learning Style (includes information on the Myers-Briggs Type Indicator).
2. Appendix, Career Choice, Career Change

Siebert, A. & Gilpin, B. (1992). Time for College. Practical Psychology Press, Portland, OR.

ALSO RECOMMEND THAT FOR FURTHER UNDERSTANDING OF THE MYERS-BRIGGS TYPE INDICATOR, READ THE FOLLOWING EXCERPTS FROM THESE BOOKS (STUDENTS ARE ALLOWED TO CHECK THESE BOOKS OUT):

The Appendix, pages 167-207 for their type and any others they may be interested in reading about.
Kiersey, D. & Bates, M. (1984). Please Understand Me. Prometheus Nemesis Book Company, Del Mar, CA.

Chapters 2 and 3.
Kroeger, O. and Thuesen, J. M. (1988). Type Talk. Dell Publishing Co., NY.

CLASS # 3

Participants read copies of newspaper ads for jobs which are one higher classifications than the one they now have. They also receive a copy of the hospital employment announcements for the week. Job descriptions for those positions are available in a resource book and participants make copies of the ones which interest them. The next forty-five minutes are spent reading the job descriptions and related materials.

Participants divide into groups and vote on one description to analyze and break into various skills categories. They brainstorm together breaking the job down into people, data, things areas of interest and the kinds of skills needed to do the job by using the recommended reading materials.

RECOMMENDED READING FOR CLASS:

1. Pages 271-340, The Appendix.

   Pages 19 & 20, Using the DOT and Data, People, Things Hierarchies.

Burgraff, D. & Yancey, A. (1984). South Carolina Career Guide. Educational Referral Services, University of South Carolina, Columbia, SC.

2. Page 49, Skill Clusters
   Page 43, Maslow's Hierarchy of Needs

Stege, L. (1981). Career Planning. Center for Instructional Development, Appalachian State University, Boone, NC.

3. SAMPLE PRINTOUT

______. (1992). OCCU-FACTS computer software. Careers, Inc., Largo, FL.

CLASS # 4

Participants look at their personal preferences, values, and skills and relate them to what they have learned about their personality and interests. With all of this information available, they design their ideal job choosing words and phrases from the various inventories listed below.

After working on this activity alone for thirty minutes, they describe their perfect job for the rest of the class. If they are shy about coming to the board, the facilitator writes down the characteristics each participant suggests.

RECOMMENDED READING FOR CLASS:

1. Chapter 1, Assessing Your Interests

_____. (1987). How to Get the Job You Want. Career Planning Associates of Madison, WI.

2. Page 49, Skill Clusters
   Pages 59-61, Work Values
   Page 43, Maslow's Hierarchy of Needs

Stege, L. (1981). Career Planning. Center for Instructional Development, Appalachian State University, Boone, NC.

CLASS #5

The final class attempts to summarize the each participant's progress and needs for further study. Means for further study are suggested including the public library, the Career Center at Lord Fairfax Community College, and the career materials in the Project PRO office. Participants are also encouraged to pursue volunteer work to gain experience, set up networks, or explore other fields of work.

Participants then meet individually with the instructor for evaluation. Students can read materials or view the videos while waiting for their appointments.

I. For students wanting to continue their research in the public library.

Pages 55-57 Using the Dictionary of Occupational Titles.

Winefordner, D. (1980). Career Planning and Decision-Making for College. Appalachia Educational Laboratory, Inc. with McKnight Publishing Co., Bloomington, IL.

II. Also, students are encouraged to use the books and computer programs at Lord Fairfax Community College campus. A reciprocal agreement is in place whereby students of Project PRO can use the Career Center even though they may not be enrolled in LFCC courses.

III. Students are encouraged to come into the Project PRO office and use the OCCU-FACTS computer program on our computer.

_____. (1992). OCCU-FACTS computer software. Careers, Inc., Largo, FL.

BIBLIOGRAPHY FOR CAREER DEVELOPMENT INSTRUCTOR RESOURCES

Burgraff, D. & Yancey, A. (1984). South Carolina Career Guide. Educational Referral Services, University of South Carolina, Columbia, SC.

Hall, L. G. & Tarrier, R. B. (1976). The Hall Occupational Orientation Inventory, Third Edition. Scholastic Testing Service, Inc., Bensenville, IL.

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Stege, L. (1981). Career Planning. Center for Instructional Development, Appalachian State University, Boone, NC.

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STUDENT RESOURCES

Bolles, R. N. (1993). What Color is Your Parachute? Ten Speed Press, Berkeley, CA.

Burgraff, D. & Yancey, A. (1984). South Carolina Career Guide. Educational Referral Services, University of South Carolina, Columbia, SC.

Feller, J. V. (1993). The CMD-R Career Video: Tour of Your Tomorrow, Volume One Social, Business, and Office Operations. American Guidance Service, Circle Pines, MN (1-800-328-2560).

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Hausman, C. (1989). Moonlighting, 148 Great Ways to Make Money on the Side. Avon Books, NY.

Jud, B. (1991). Job Search 101. Marketing Directions, Avon, CT.

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Leider, R. & Leider, A. (1992). Don't Miss Out, the Ambitious Student's Guide to Financial Aid. Octameron, Chicago, IL.

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Stege, L. (1981). Career Planning. Center for Instructional Development, Appalachian State University, Boone, NC.

_____. (1991). VGM's Careers Encyclopedia. VGM Career Horizons, Chicago, IL.

Winefordner, D. (1980). Career Information System Guide. Appalachia Educational Laboratory, Inc. with McKnight Publishing Co., Bloomington, IL.

Winefordner, D. (1980). Worker Trait Group Guide. Appalachia Educational Laboratory, Inc. with McKnight Publishing Co., Bloomington, IL.

Winefordner, D. (1980). Career Planning and Decision-Making for College. Appalachia Educational Laboratory, Inc. with McKnight Publishing Co., Bloomington, IL.

Yate, M. J. (1990). Knock 'em Dead: with great answers to tough interview questions. Bob Adams, Inc., Holbrook, MA.

PROJECT PRO: VIDEO EVALUATION

1. Did the participant contribute or attempt to contribute to the discussion?

2. Did the participant's contributions reveal evidence of vocabulary development?

3. Did the participant's contributions reveal an evaluation of his or her reading skills?

4. Did the participant's contributions show that he/she was analyzing ideas and concepts in that he/she

    (1) analyzed elements (finding assumptions, distinguishing facts from opinion);

    (2) analyzed relationships (relevant data, cause and effect, fallacies); or

    (3) analyzed organizational principles (form and style, inferring author's purpose) (SAX, 1989)

5. Did the participant's contributions reveal his/her use of problem-solving strategies (i.e. breaking problems into parts, seeing problem-solving as a process, working in a step-by-step manner, developing solutions, and supplying reasons for the solutions)?

6. Did the participant talk about his/her experience using resources?

7. Did the participant's contributions show that he/she understands and knows how to apply ideas?

8. Did the participant's contributions show that he/she makes connections and understands relationships among ideas, topics, and facts?

9. Did the participant's contributions reveal evidence of the following components of evaluation:

    (1) a commitment to and a value of the worthiness of a task, idea, or concept?

    (2) has a philosophy of life; knows who she/he is and what she/he stands for; and acts accordingly?

10. Did the participant's contributions show evidence that he or she took responsibility for his/her own learning?

YOUR NAME: ______________________________ DATE: ____________

PLACE A MARK (/) IN THE BLOCK AS EACH PARTICIPANT MAKES AN APPROPRIATE COMMENT. ADD THE NUMBER OF MARKS AND WRITE IT UNDER THE BLOCK FOR A FINAL SCORE. PARTICIPANTS ARE NUMBERED FROM LEFT TO RIGHT #1 TO #6 (DO NOT COUNT THE INTERVIEWER, LEE ANNE TURNER.)

COMMUNICATION/READING SKILLS:

CONTRIBUTES TO DISCUSSION ...
Participant

#1	#2	#3	#4	#5	#6

SHOWS VOCABULARY DEVELOPMENT...
Participant

#1	#2	#3	#4	#5	#6

EVALUATES OWN READING SKILLS...
Participant

#1	#2	#3	#4	#5	#6

ANALYZES WRITTEN MATERIAL...
Participant

#1	#2	#3	#4	#5	#6

PROBLEM-SOLVING:

DEVELOPS AND USES PROBLEM-SOLVING...
Participant

#1	#2	#3	#4	#5	#6

USES RESOURCES...
Participant

#1	#2	#3	#4	#5	#6

THINKING SKILLS:

UNDERSTANDS/APPLIES IDEAS...

Participant

#1	#2	#3	#4	#5	#6

UNDERSTANDS/ANALYZES RELATIONSHIPS BETWEEN IDEAS OR TOPICS...

Participant

#1	#2	#3	#4	#5	#6

ABLE TO EVALUATE INFORMATION...

Participant

#1	#2	#3	#4	#5	#6

SELF-IMPROVEMENT:

SHOWS RESPONSIBLE FOR OWN LEARNING...

Participant

#1	#2	#3	#4	#5	#6

Developing Positive Work Interaction

Developed by:
Lee Ann Turner

DEVELOPING POSITIVE WORK INTERACTION

This course is designed to assist employees with verbal communications problems on the job. The goals and objectives of the course are outlined in the attached copy of the Memo to the Class.

The communications and psychological principles of positive thinking, thought stopping, fogging and deflecting negative talk from others, and eliminating negative self-talk are emphasized in order to help participants improve their work relations.

The course is taught using the problem-solving method. Excerpts from the C.A.R.E. manual used by the Winchester Medical Center provide workplace examples and scenarios to begin the brainstorming process.

Students take the Myers-Briggs Type Indicator and study personality type as it relates to organizational managment and structure. Discussion of opposite type interaction and potential for misunderstanding and communication problems is included in the course.

CLASS #1

THE C.A.R.E. PHILOSOPHY

Using the Introduction to a manual the hospital uses for training designed by R. L. Gilberg and Associates, Inc. entitled C. A. R. E., the class begins with a brainstorming activity on hospital expectations of the employee. At Winchester Medical Center the C. A. R. E. philosophy (courtesy, attitude, respect, and enthusiasm) is integrated into the job descriptions of all employees of the hospital.

The brainstorming and problem-solving method of instructing and learning is used in this class. Participants discuss their problem areas from the stress inventory and use information from their reading materials to assist each other in brainstorming solutions for problems. The facilitator's job is to make suggestions and keep the group on track. If any group member is taking too much time, the group usually tries to switch topics on their own or the facilitator can find a way to turn the discussion to another topic.

Participants begin to discover that sharing ideas promotes learning and greater problem-solving ability. Often, employees from varying departments come to a realization that each job in the hospital is important and that their role may be much more important to hospital philosophy than they realized. The realization leads to greater self-esteem.

CLASS # 2

The MBTI interpretive materials are handed out to participants with their four-letter type indicated on the cover. Each person silently reads their own interpretation for verification of the type. If there are problems with the intrepretation, participants are asked to meet with the instructor outside of class. At this point, participants ask clarifying questions.

The interpretative materials are covered by a lecture/group discussion format. Emphasis is placed on the eight descriptions which make up the four letter combinations, i.e. introversion and extroversion. The information in the lecture points out the positive personality characteristics of each type. Participants are asked to give examples of possible work and/or personal relationship conflicts which might arise when opposite types are trying to complete a project.

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Myers, P. B. & Myers, K. D. (1992). The Myers-Briggs Type Indicator. Consulting Psychologists Press, Inc., Palo Alto, CA.

ALSO RECOMMEND THAT FOR FURTHER UNDERSTANDING OF THE MYERS-BRIGGS TYPE INDICATOR, READ THE FOLLOWING EXCERPTS FROM THESE BOOKS (STUDENTS ARE ALLOWED TO CHECK THESE BOOKS OUT):

The Appendix, pages 167-207 for their type and any others they may be interested in reading about.
Kiersey, D. & Bates, M. (1984). Please Understand Me. Prometheus Nemesis Book Company, Del Mar, CA.

Chapters 2 and 3.
Kroeger, O. and Thuesen, J. M. (1988). Type Talk. Dell Publishing Co., NY.

CLASS # 3

Participants are also taught "thought stopping" techniques to modify their compulsive thinking or behaviors. Taking responsibility for their own behavior is another element of the course which is emphasized at each meeting.

Often, employees are ready to blame their problems on co-workers and supervisors because they "feel" or experience the highest stress symptoms on the job. By objectively looking at their communication style, participants come realize that communication problems on the job may come from many areas. They also learn that it is "OK" to take responsibility for their own behavior and not be blaming someone else. They learn which problems are within their own control and how to let go of the ones which are not within their control.

CLASS # 4

Participants take a "distorted thinking inventory" designed by a student in the class. The inventory is based on information covered and Class #3. The items on the inventory suggest possible areas of distorted thinking which may cause problems for the participant both at home and at work. Looking at the individual items on the inventory allows them to rethink their communication style and target areas in which they may want to find more productive communication behaviors.

CLASS #5

The final class attempts to summarize the each participant's progress and needs for further study.

At the end of each class participants look at their coomunications behavior and determine if their behavior is contributing to their unhappiness or negativeness in their lifestyle. They explore which factors are within their control and learn to let go of the influences they cannot control.

A special evaluation form (attached) is completed by each participant at the end of the five sessions. Participants are encouraged to look at their behavior upon entering the class to explore changes which may have taken place.

BIBLIOGRAPHY FOR POSITIVE WORK INTERACTION

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Solving Medical Terminology

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Contributions by:
Ruth Rinker

MEMO TO THE CLASS

This class will be different. You will not just work by yourself or listen to a teacher give you information. You will be actively involved in (A) thinking and (B) learning-how-to-learn by (1) problem solving class activities, (2) explaining answers, (3) taking part in group activities, and (4) using resources.

A) **THINKING**: Thinking is not just knowing and/or finding the right answer. That is memorization. Thinking is the use of information and knowledge to help solve problems. In this class, you will be actively involved in solving problems and thinking about language in general and medical terminology in particular.

B) **LEARNING-HOW-TO-LEARN**: Knowing how to find, think about, and use information to solve problems is a learning-how-to-learn skill. So as you actively seek solutions to problems in the activities presented, you will examine how you reached your solutions (your problem-solving strategies) and use that process to learn-how-to-learn.

1) **PROBLEM SOLVING CLASS ACTIVITIES**: The activities we will work on in the beginning of this class will focus on the medical terms with which you are already familiar. We will then begin to build on that knowledge, making the connection between what you already know and what you will discover. The purpose of these exercises is not for you to memorize a series of terms, but rather for you to find the relationships among terms and for you to build your knowledge of medical terminology on this discovery process.

2) **EXPLAINING RELATIONSHIPS AND ANSWERS**: You will be asked to give reasons and explanations for your contribution to class activities. In this class, the explanation for an answer is as important as the answer itself. So start to become aware of relationships among medical terms: What made you think of that relationship or answer? *Contributions will be judged more on their explanation than on whether they are right or wrong.*

2A) **COMMUNICATING**: Giving reasons and explanations for your contributions will require you to talk a lot. Don't be afraid of contributing orally to class discussions. It may seem awkward in the beginning, but it's a great opportunity to share the knowledge you possess with the rest of the class. (Besides, effective oral communication is important in virtually every aspect of your work.) Contributions that are not "on-the-mark" are considered learning opportunities.

3) **TAKING PART IN GROUP ACTIVITIES**: Working in a group in the classroom helps you to learn more about working together and team work on the job. Many of the activities in this course will be completed in small or large groups that require you to learn how to participate effectively in a group.

4) **USING RESOURCES TO BUILD YOUR OWN KNOWLEDGE**: More than likely, your previous educational experiences in the classroom involved having knowledge and information given to you by the teacher, who lectured or directed you to read certain textbook pages. In this class, you will learn how to use dictionaries, as well as other types of resources to help you solve medical terminology and other work-related problems. Learning how to use written resources allows you to solve problems better; it also allows you to build your own knowledge, which is another way of learning-how-to-learn.

FIND A STARTING POINT - BRAINSTORMING

1. Your first activity is to list all of the names, terms, or labels you might consider to be "medical terminology" terms. Don't pick and choose just the ones with which you are most familiar. Write all the medical terms you've ever seen or heard–including the ones you don't understand.

2. Next, your facilitator will conduct a group brainstorming activity with the class. Each class member (including the facilitator) will contribute at least one medical term without duplication. Use the space below to write additional words that you had not previously given in answer to 1 above.

GET BEYOND FRUSTRATION

3. Now as a group, brainstorm for five more minutes. List all the additional words here.

CREATE YOUR OWN GLOSSARY

4. On the lines on the left below, place in alphabetical order all the medical terms the class has brainstormed. This is the first step in creating a personal glossary. To be able to use this glossary throughout the course, you have to know where to find the word you want to define. Therefore think about how the terms that contain more than one word, like "large intestine" should be alphabetized; should it go under "l", "i", or both?

____

____

____

____

____

____

____

____

____

____

____

____

PAGES 4-15 HAVE THE SAME FORMAT

____

____

____

____

____

____

____

5. Now go back over your alphabetized list of medical terms and put the word "Know" in front of all the words you think you can define without looking them up in the medical dictionary. Then write your own definition (without looking it up) to the right of the word.

DID YOU REALLY KNOW THE DEFINITION?

6. These next questions are very important. Did you really know the definitions of those terms?

What difficulty did you experience in trying to write the definition of a term that you thought you knew?

If writing the definitions was not difficult, why was it easy for you?

7. Why is it important to define medical terms?

Does defining medical terms always lead to an understanding of the terms? Why?

8. Discuss these questions in depth with the class. Note here any insights that you want to remember from the class discussion.

DEMAND ACCURACY - USE THE DICTIONARY

9. Now write the medical dictionary definition of the words you had marked "known" on the line below your definition.

HOW ACCURATE WERE YOU?

10. Compare your definitions with the medical dictionary's definitions. What observations can you make about the two sets of definitions?

11. Discuss with the class the differences between your definition and the dictionary's; which is more useful and why? Note here any insights or particularly interesting observations raised during the class discussion.

PROCESS: ANALYZE HOW YOU REMEMBER INFORMATION

12. How can you remember precise definitions?

13. Reflecting upon memorization, is it enough just to memorize information?

14. Discuss as a class your answers to 12. Concentrate on how you go about remembering. Brainstorm as many different ways to recall information as you can. Note any points that you want to remember from the class discussion.

DEMAND ACCURACY - USE RESOURCES

15. Complete your glossary by writing the medical dictionary definition of the terms not yet defined.

FIND RELATIONSHIPS - LABELING

16. Labeling is an exercise that you can use to help you learn. The exercise presents groups of three words. Your task is to determine what the words have in common and write a word or phrase that best describes the category on the line above. In the following example,

____
nose
larynx
lungs

you might label them as Parts of the Respiratory System.

A.____________
PT
STD
GSW

B.____________
cerebrum
pons
thalamus

C.____________
mouth
esophagus
small bowel

D.____________
anorexia
dysphagia
emesis

E.____________
Respiratory
Digestive
Circulatory

F.____________
bones
joints
muscles

G.____________
hemoglobin
plasma
leukocyte

H.____________
artery
capillary
vein

I.____________
pituitary
thyroid
adrenal

J. ____________
fallopian tubes
ovary
uterus

K.____________
pro-
post-
hemi-

L.____________
hem-
hemato-
hema-

M.____________
-oma
-ite
-lytic

N.____________
eu-
fibr-
kerat-

O.____________
hematuria
micturition
enuresis

P.____________
orthopnea
cyanosis
apnea

Q.____________
clavicle
Scapula
sternum

R.____________
Parietal
sphenoid
Zygomatic

S.____________
ilium
coccyx
ischium

T.____________
Femoral
Aorta
jugular

The following terms should be labeled according to WMC Isolation categories.

U.____________
diphtheria (pharyngeal)
viral hemorrhagic fevers
Varicella Zoster

V.____________
Encephalitis
Dientamoeba fragilis
Pleurodynia

W.____________
bronchitis
coronovirus
parainfluenza

X.____________
acquired immunodeficiency syndrome
Leptospirosis
Syphilis

PROCESS: ANALYZE HOW YOU SOLVED THE PROBLEM

17. What did you have to do to solve these labeling problems? Write the step-by-step problem-solving procedure you used to solve these problems. (You're not limited to four steps. Use the back of this sheet for additional steps.)

STEP ONE:

STEP TWO:

STEP THREE:

STEP FOUR:

Discuss your procedure with the rest of the class and note here any interesting points you want to remember.

THINK LIKE A TEACHER

18. Now it is your turn to create similar term groups. Prepare three word groups like the ones in 16 using terms from your glossary. Your facilitator will choose one or two of your labeling categories and ask you to place them on the board (without the answer!) and to conduct class on your word group. Note here points that you want to remember.

PROCESS: GROUPING AND LABELING TO REMEMBER INFORMATION

19. You have completed labeling exercises using medical terms. How does this kind of exercise help in remembering the meanings of these words?

20. Discuss your answer to 19 and note here any insights that you want to remember.

21. Medical terms are often formed based on their word parts. The three main word parts are the prefix, the combining form, and the suffix. Identifying a word's parts helps to figure out its meaning.

Throughout this course, we will be constructing charts on prefixes, combining forms, and suffixes. Now we will concentrate on prefixes. Look back to the terms in both your glossary and the previous exercises. Identify and construct a chart of the prefixes you find in your glossary and the terms from the previous exercises. (Make a note of the prefixes' meaning next to each term.)

FIND RELATIONSHIPS - CATEGORIZATION

22. This exercise in categorization has groups of three or four words, one of which does not relate to the others. Your task is to determine which word does not fit and state the reason for your decision. For example,

nose
larynx
heart
lungs

REASON: I will cross out heart because the other three terms are related to the respiratory system. The heart is associated with the circulatory system.

A. mastication
saliva
absorption
capillary

REASON:

B. incompetent REASON:
incontinent
void
elimination

C. DPH REASON:
DP
DPM
DSC DOS

D. prone REASON:
abduct
adduct
flexion

E. dorsal REASON:
posterior
supine
anterior

F. pelvis REASON:
tibia
ribs
tongue

G. neuro- REASON:
hem-
hemato-
hema-

H. anorexia REASON:
glossal
obese

I. hamstring REASON:
cranial
spinal
autonomic

J. patella REASON:
fibula
ulna
tibia

PROCESS: ANALYZE HOW YOU SOLVED THE PROBLEM

23. What did you have to do to solve these categorization exercises? Write the step-by-step problem-solving procedure you used to solve these problems. (You're not limited to four steps. Use the back of this sheet for additional steps.)

STEP ONE:

STEP TWO:

STEP THREE:

STEP FOUR:

Discuss your procedure with the rest of the class and note here any interesting points you want to remember.

THINK LIKE A TEACHER

24. Now it is your turn to create some categorization categories. Develop five word groups similar to the ones in 22. Be prepared to write one of your categories on the board and to conduct a class discussion on its answer. Note here any points that you want to remember.

PROCESS: CATEGORIZE TO REMEMBER INFORMATION

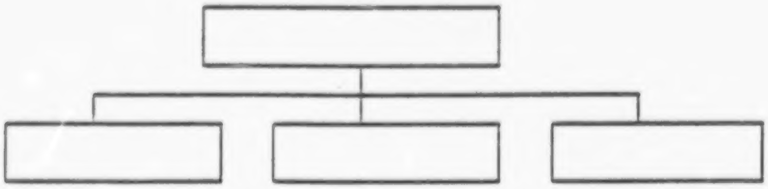
25. You have completed some categorizations of medical terms. How does this kind of exercise help in remembering the meanings of these words?

26. Discuss your answer to 25 with the class. Note here any insights that you want to remember from the class discussion.

27. In activity 21, you created a chart of the prefixes found in the medical terms in both your glossary and the previous exercises. Now construct a chart of the suffixes you find in your glossary terms and the terms from the previous exercises. (Make a note of the suffixes' meaning next to each term.)

FIND MORE COMPLEX RELATIONSHIPS - THE STRUCTURED OVERVIEW

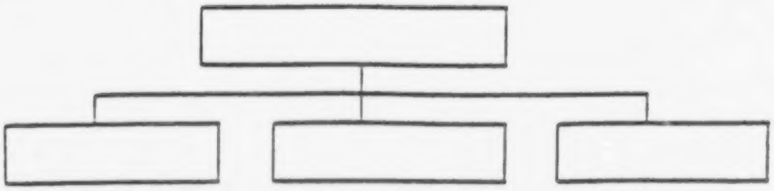
28. The "structured overview" is another technique that compels you to use the meanings of words to determine relationships among them. It presents a graphically visual picture of how ideas and/or words relate to each other. If, for example, you were given the four words "nose," "larynx," "respiratory," and "lungs," and were asked to place them in the following chart,



you would put the word "respiratory" in the top box since it is the label of the major category of which the other words are examples.

In the following exercises, use the given words to fill in the appropriate boxes to show the best relationship among the words. Explain the reasons for your choice in the space provided.

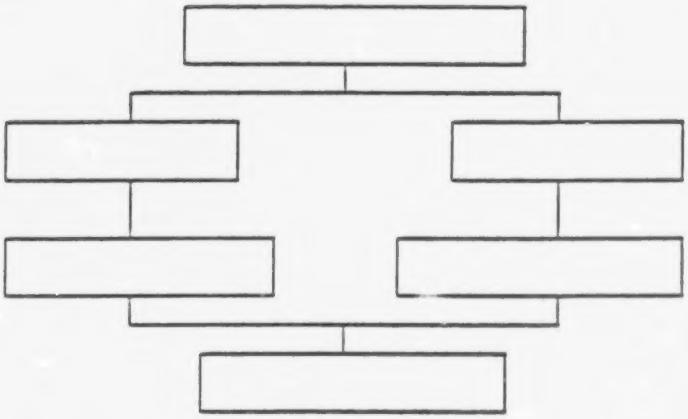
A.



compound, comminuted, fracture, impacted

REASON:

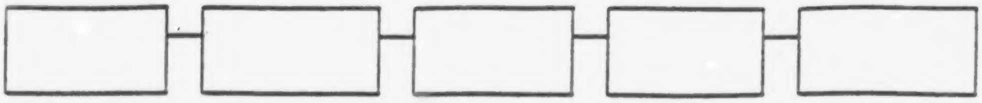
B.



right bronchus, left lung, diaphragm,
trachea, right lung, left bronchus

REASON:

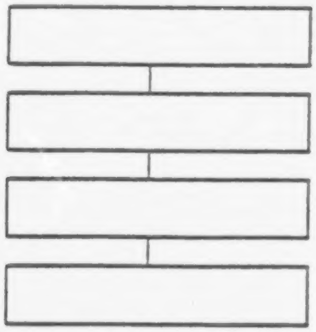
C.



lens, vitreous body, anterior chamber, cornea, retina

REASON:

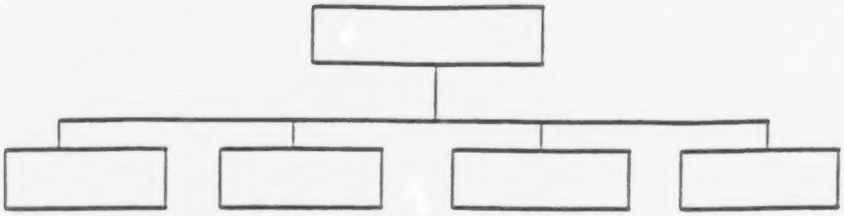
D.



stratum corneum, subcutis, epidermis, dermis

REASON:

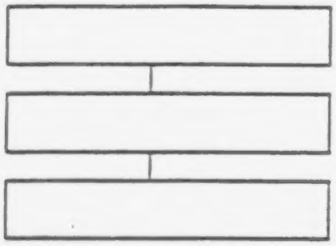
E.



suprarenal, pancreas, glands, thymus, thyroid

REASON:

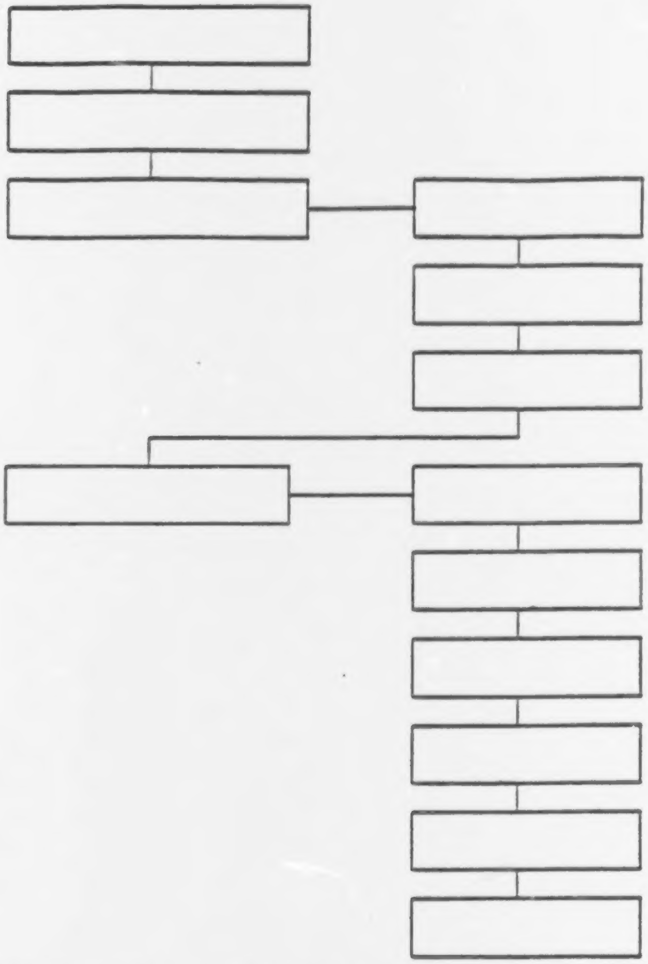
F.



tunica media, tunica adventitia, tunica intima

REASON:

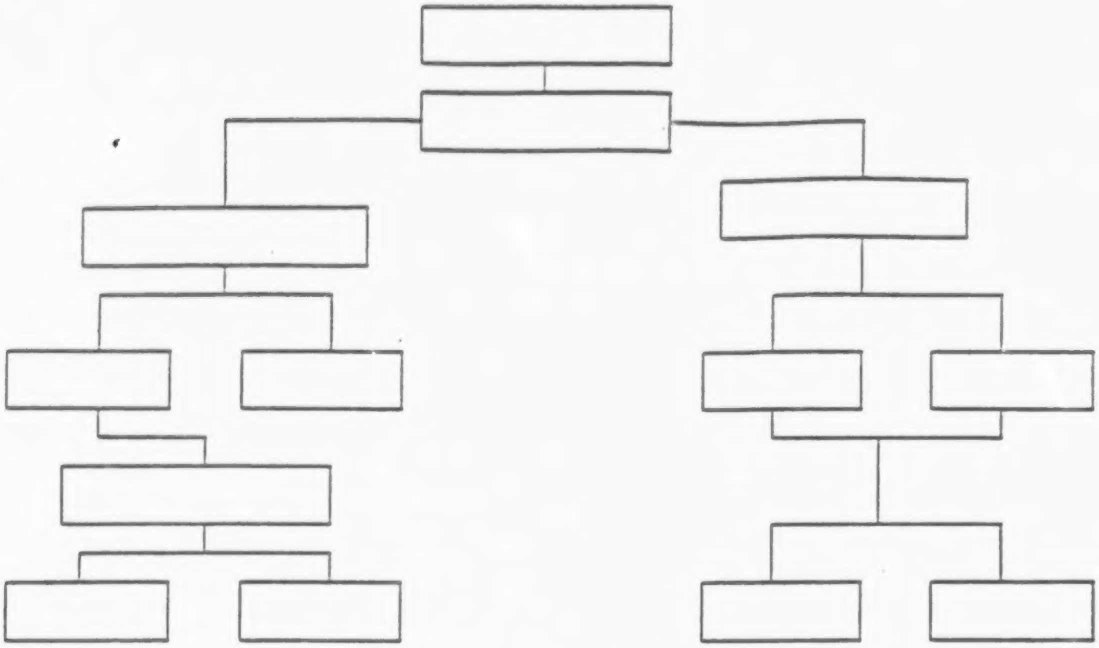
G.



ascending colon, stomach, small intestine, esophagus, rectum, descending colon, sigmoid colon, duodenum, large intestine, ileum,
jejunum, cecum, traverse colon

REASON:

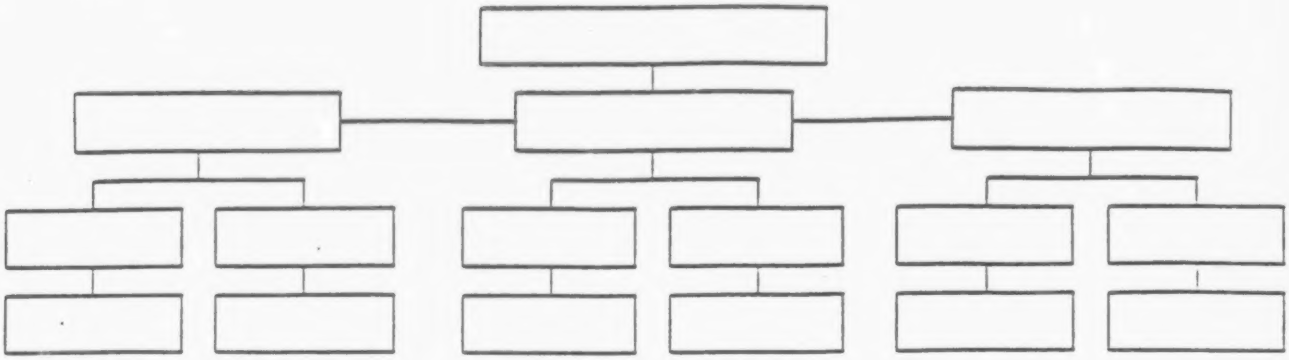
H.



common iliac, axillary, ulnar, anterior tibial, femoral, brachial, posterior tibial, radial, heart, deep femoral, aorta, popliteal, deep brachial.

REASON:

I.



helix, concha, tympanic membrane, incus, labyrinthine, cochlea, lobule, external ear, external auditory meatus, malleus, ear, fenestrae, auditory nerve, saccule, middle ear, internal ear

REASON:

PROCESS: ANALYZE HOW YOU SOLVED THE PROBLEM

29. What did your mind have to do to solve these "structured overview" problems? Write your step-by-step procedure here.

STEP ONE:

STEP TWO:

STEP THREE:

STEP FOUR:

Discuss your procedure with the rest of the class and note here any interesting points you want to remember.

THINK LIKE A TEACHER

30. Now it is your turn to create five complete "structured overviews." Be prepared to write one of your "structured overview" problems on the chalk board and to conduct a class discussion on its solution. Note here any important points made during the discussion.

A.

B.

C.

D.

PROCESS: USE "STRUCTURED OVERVIEW" TO REMEMBER INFORMATION

31. You have completed some structured overview exercises using medical terms. How does this kind of exercise help in remembering the meanings of these words?

32. Discuss your answer to 3 with the class. Note here any insights that you want to remember from the class discussion.

33. In activity 21 and 27, you created charts of the prefixes and suffixes found in the medical terms in both your glossary and the previous exercises. Now construct a chart of the combining forms you find in your glossary terms and the terms from the previous exercises. (Make a note of the combining forms' meaning next to each term.)

LOOK FOR RELATIONSHIPS - CLASSIFICATION

34. Classification is a process in which you systematically group items into categories according to similar characteristics. It is a thinking skill that enables you to discover what relationships exist among words. The alphabetizing of words (as you did with medical terms in activity 4) is a classification system: grouping words together according to similar first letters. Now that you have precise definitions of medical terms in activity 4 and some experience in categorizing and labeling, classify all the words you have listed in 4 into the following five groups. Be prepared to give your reasons for putting each word in the category that you did.

BASIC SYSTEMS

SKELETAL

NERVOUS

CIRCULATORY

DIGESTIVE

RESPIRATORY

THINK LIKE A TEACHER

35. Now place the words from activity 4 into your own classification system and put a label on each group. (You can't use the same classification system used in the previous question.)

Label:

Label:

Label:

Label:

PROCESS: ANAIYZE HOW YOU
SOLVED THE PROBLEM

36. What did your mind have to do to solve this classification problem? Write your step-by-step procedure here.

STEP ONE:

STEP TWO:

STEP THREE:

STEP FOUR:

Discuss your classification system, labels, and procedure with the rest of the class and note here any interesting points you want to remember.

PROCESS: CLASSIFY TO REMEMBER INFORMATION

37. You have completed some classification exercises using medical terms. How does this kind of exercise help in remembering the meanings of these words?

38. Discuss your answer to 37 with the class. Note here any insights that you want to remember from the class discussion.

SYNTHESIZE: PUTTING IT ALL TOGETHER

39. On a separate paper, create a chart that compares the difficulties and/or ease, benefits and/or detriments of the exercises of labeling, categorization, structured overview, and classification as they relate to remembering and properly using medical terms.

40. Do you think you have a good understanding of medical terms? Why or Why not?

41. Have you "learned to learn" in the context of medical terminology? State your reasons for your answer giving specific detail.

42. Write a paragraph or two that explains how you can use the exercises of labeling, categorization, structured overview, and classification to help you learn and understand the workplace terms used in your department.

Prefixes

Prefix	Definition of Prefix	Examples and Their Definitions
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.

DUPLICATE AS MANY AS NEEDED

Combining Forms

Comb. Form	Comb. Vowel	Definition of Comb. Form	Examples and Their Definitions
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.

DUPLICATE AS MANY AS NEEDED

Suffixes

Suffix	**Definition of Suffix**	**Examples and Their Definitions**
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.

DUPLICATE AS MANY AS NEEDED

COMMON RULES FOR THE ADDITION OF SUFFIXES TO THE ENDS OF WORD ROOTS

vowels a, e, i, o, u (y)
consonants b, c, d, f, g, h, j, k, l, m, n, p, q, r, s, t, v, w, x, y, z

1. If the suffix begins with a *vowel*, drop the vowel of the root and add the suffix.

Root		*Suffix*		*Word*
hepato	+	itis	=	hepatitis
cholecysto	+	ectomy	=	cholecystectomy
nephro	+	osis	=	nephrosis
gastroo	+	optosis	=	gastroptosis
neuro	+	algia	=	neuralgia

2. If the suffix begins with a consonant, add it to the word root in total.

Root		*Suffix*		*Word*
myo	+	pathy	=	myopathy
cardio	+	megaly	=	cardiomegaly
osteo	+	malacia	=	osteomalacia
thoraco	+	tomy	=	thoracotomy

3. There are always exceptions to the rule. Here is one of them: When adding the suffix *-rhaphy* or *-rhexis*, double the initial consonant before adding the suffix.

Root		*Suffix*		*Word*
arterio	+	rhexis	=	arteriorrhexis
orchio	+	rhaphy	=	orchiorrhaphy

You must remember that all of the above word roots are combining forms.

CATEG[illegible] OF ISOLATION:	PRIVATE ROOM*	MASK	GOWN	GLOVES	DISEASES
Strict	X^1 Door closed	X for all who enter room	X	X	Diphtheria (pharyngeal), Lassa fever and other viral hemorrhagic fevers such as Marburg virus disease. Plague, pneumonic, Smallpox, Varicella (Chicken pox) Zoster, localized in an immunocompromised patient or disseminated. [illegible]
Respiratory	X^1	X	-	-	Epiglottitis, Haemophilus influenzae, Measles, Meningitis, Haemophilus influenzae, known or suspected; Meningococcal, known or suspected. Meningococcemia, Mumps, Pertussis (whooping cough), Pneumonia (Haemophilus influenzae in childre of any age).
Contact	X^1 Masks only necessary for patients with 1. Respiratory with multiply resistant organisms 2. Staph/strep A pneumonia 3. Rabies 4. Rubella	X for those who come close to patient	X^3	X^4	Conjunctivitis, gonococcalin newborns, Diphtheria (cutaneous), Endometritis, Group A Streptococcus, Furunculosis, (staphylococcal, in newborns), Herpes Simplex, (disseminated, severe or neonatal), Impetigo, Multiply - resistant bacteria, infection or colonization any site with any of the following: 1. Gram negative bacteria resistant to all aminoglycosides that are tested (Gentamycin, Tobramycin, Amikacin). 2. Staphylococcus aureus resistant to Methicillin (or nafcillin or oxacillin) 3. Pneumococcus resistant to Penicillin. 4. Haemophilus influenzae resistant to ampicillin (beta lactamase positive) and Chloramphenicol. 5. Other bacteria judged by infection control committee to be of special clinical and epidemiologic significance. Pediculosis, Pneumonia: Staphylococcus aureus or Group A Streptococcus, Rabies, Rubella, congenital and other, Scabies, Scalded skin syndrome, staphylococcal (Ritter's disease). Skin, wound or burn infection, major (draining and not covered by dressing or dressing does not adequately contain the purulent materi including those infected with Staphylococcus aureus or Group A streptococcus. Vaccinia (generalized and progressive eczema vaccination).
Cohort	-	-	X^3	-	The following infections in infants and young children aged 5 and under. Acute respiratory infections including croup, colds, bronchitis, and bronchiolitis caused by respiratory syncytial virus, adenovirus, coronovirus, influenza viruses, parainfluenza viruses and rhinovirus. Influenza, infectious pharyngitis, and viral pneumonia.
AFB Isolation	X door closed with special ventilation	X	X^3	-	Patients with pulmonary TB (positive sputum smear or chest x-ray suggesting active TB). Laryngeal TB.

[illegible]

Respiratory Isolation

1. Masks are indicated for those who come close to patient.
2. Gowns are not indicated.
3. Gloves are not indicated.
4. HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Measles
Mumps
Whooping Cough
Meningococcal-Meningitis

Enteric Precautions

1. Masks are not indicated.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.
4. HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Diarrhea caused by:
  Campylobacter
  Salmonella
  Shigella
Hepatitisa
Viral Meningitis

Strict Isolation

1. Masks are indicated for all persons entering room.
2. Gowns are indicated for all persons entering room.
3. Gloves are indicated for all persons entering room.
4. HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Chicken Pox
Diphtheria

Patient must be in room with aute-room

AFB Isolation

1. Masks are indicated only when patient is coughing and does not reliably cover mouth.
2. Gowns are indicated only if needed to prevent gross contamination of clothing.
3. Gloves are not indicated.
4. HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.
5. Articles should be discarded, cleaned, or sent for decontamination and reprocessing.

TB
Patient must be in room with ante-room

UNIVERSAL PRECAUTIONS

[illegible] Patient Care

[illegible]

ALL PATIENTS
ALL OF THE TIME

Contact Isolation

1. Masks are indicated for those who come close to patient.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.
4. HANDS MUST BE WASHED AFTER TOUCHING THE PATIENT OR POTENTIALLY CONTAMINATED ARTICLES AND BEFORE TAKING CARE OF ANOTHER PATIENT.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Impetigo
Multiply Resistant Bact
Staph or Strepa Pneum
Scabies
Head Lice
Major Would Infections

BEST COPY AVAILABLE

SOLVING MEDICAL TERMINOLOGY

AN OVERVIEW

Solving Medical Terminology is a vocabulary course which concentrates on that knowledge and those skills which are necessary for learning new vocabulary words. The emphasis is on the way the English language works, particularly on roots, prefixes and suffixes. The students are given various ways to figure out and learn vocabulary, plus practice in some of these skills. Use of dictionaries and other reference books is emphasized as is using charts to find answers to questions. Medical terminology in used as a vehicle since it is of particular interest to these students.

English As A Second Language
(ESL)

Developed by:
Brandi Hockman

Section 1. Listen, Repeat, Write, and Check.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

Section 1. Listen, Repeat, Write, and Check (continued).

13.

14.

15.

16.

17.

18.

19.

20.

Responses to Section 1.

1. Is it raining?
2. Are they from China?
3. Do you have children?
4. The employees are not from America.
5. This class is small.
6. The teacher has a book.
7. Can you see the man?
8. Do they want to eat lunch?
9. I usually drink milk.
10. They never drink coffee.
11. Sarah leaves work at 3:30pm.
12. She studies English.
13. Did he come to work this morning?
14. They were tired.
15. Did you work late last night?
16. Is the oven turned off?
17. The water is hot.
18. The dishwasher is not working.
19. It is broken.
20. Did you take your vacation? Where did you do?

Section 2. What Do You Say When...

1. What do you say to your supervisor if you are late for work?

2. What do you say if you don't understand what someone has said to you?

3. What do you say if you are suppose to put orange juice on a tray but instead you put apple juice on it?

4. What do you say when you want to take a day of work off?

5. What do you say when you want to know what time it is, but you don't have a watch on?

Responses to Section 2.

1. I am sorry I am late. I won't be late again.
2. I am sorry. I did not understand you. Please repeat what you said.
3. I am sorry. I made a mistake.
4. May I take Friday off? I have a doctor's appointment.
5. Excuse me. Do you have the time? (or) Excuse me. Do you know what time it is?

Section 3. In Your Own Words.

Answer the following questions.

1. Do you like to read?

2. What kinds of things do you read?

3. How often do you read?

4. Do you read in English?

5. Do you know where the library is?

6. Have you ever been to the library?

7. Do you have a library card?

Responses to Section 3.

1. Yes, I like to read. (or) No, I don't like to read too much.

2. I like to read magazines. (or) I like to read the newspaper. (or) I like to read books.

3. I read magazines often. (or) I read the newspaper every morning. (or) I read a book every month.

4. No, I usually read in Vietnamese. (or) Yes, I read an American newspaper.

5. Yes. I know where the library is. (or) No. I do not know where the library is.

6. Yes. I went to the library yesterday. (or) No. I have never been to the library before.

7. Yes. I have a library card. I can check out books. (or) No. I do not have a library card. My friend checks out books for me.

- We will complete Week 3's activities.
- We will then begin working on this week's topic - the verb 'have' as a main verb.
- One goal of this class is to develop your English vocabulary. You should always ask for a word's definition if you are unsure of its meaning.
- Each week we will talk about new vocabulary words, the plural forms of those words, and words that mean the same or nearly the same. (We call words that mean the same or nearly the same synonyms.)
- Another goal is to improve your pronunciation of vocabulary words so you will be asked to repeat specific words and sentences.

CHOOSE THE WORD THAT BEST COMPLETES THE SENTENCE IN PRESENT TENSE. WRITE YOUR CHOICE IN THE BLANK THAT IS PROVIDED.

1. She _______ a coffee pot.

A. has
B. have

synonyms:

2. Thomas and Sarah _______ spoons for their soup.

A. has
B. have

synonyms:

3. I _______ a glass of water.

A. has
B. have

synonyms:

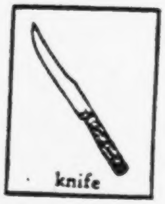
4. The nurse _______ a bowl of soup.

A. has
B. have

synonyms:

5. The knife _______ a sharp blade.

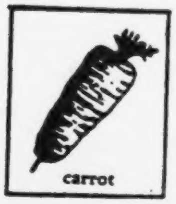
A. has
B. have

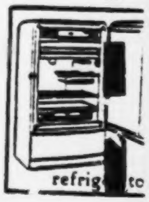


synonyms:

6. Do you _______ a carrot in your refrigerator?

A. has
B. have

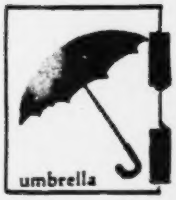




synonyms:

7. The doctor _______ an umbrella because it is raining.

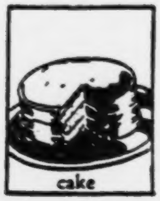
A. has
B. have

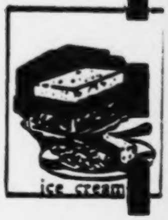


synonyms:

8. When we go to a birthday party, we _______ cake and ice cream.

A. has
B. have



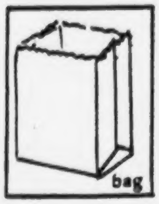


synonyms:

CHOOSE THE WORD THAT BEST COMPLETES THE SENTENCE IN PAST TENSE. WRITE YOUR CHOICE IN THE BLANK THAT IS PROVIDED.

1. They _______ a bag of food when they left the grocery store.

   A. have
   B. had
   C. has



synonyms:

2. Sam and I _______ lunch together yesterday.

   A. have
   B. had
   C. has

synonyms:

3. When I was cleaning, I _______ a broom.

   A. have
   B. had
   C. has

synonyms:

4. The rabbit that I saw Friday _______ big ears.

   A. have
   B. had
   C. has

synonyms:

CHOOSE THE WORD THAT BEST COMPLETES THE SENTENCE IN FUTURE TENSE. WRITE YOUR CHOICE IN THE BLANK THAT IS PROVIDED.

1. Tomorrow he _______ to meet with his supervisor.

   A. has
   B. have

2. At Christmas, they _______ many relatives to visit.

   A. has
   B. have

3. When the movie is over, do you _______ to leave?

   A. has
   B. have

4. I _______ two meetings to attend in the morning.

   A. has
   B. have

5. Next week we _______ to buy a Christmas tree.

   A. has
   B. have

6. On January 3, 1993 I _______ to take my son to the dentist.

   A. has
   B. have

HAVE
PRESENT TENSE

I	have
he she it	has
they	have
we	have

HAVE
PAST TENSE

I	had
he she it	had
they	had
we	had

HAVE
FUTURE TENSE

I	have
he she it	has
they	have
we	have

– English As A Second Language

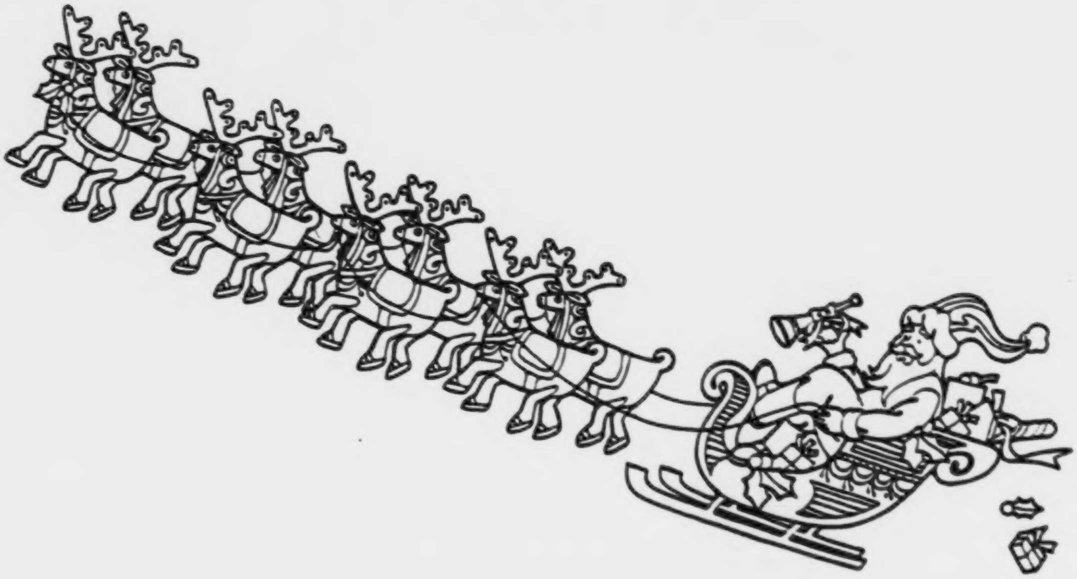
- Last week, we talked about the present tense of the verb 'have'. For example in the sentence, "I have two children", the verb 'have' is in the present tense.
- Tonight we will continue our discussion of the verb 'have'. We will talk about its past and future tenses.
- I will also ask you to describe, in writing, your idea of the perfect job.
- We will then discuss your ideas as a class. I want everyone to share his/her ideas with the class. This opportunity will help you improve your conversational English.

ENGLISH AS A SECOND LANGUAGE

* TONIGHT WE WILL TALK ABOUT THE VERB "BE" IN THE PRESENT AND PAST TENSES. WE WILL CONTINUE TO LISTEN, REPEAT, AND COMPLETE SENTENCES, BUT THIS WEEK WE WILL USE THE VERB "BE".

* THE SENTENCES THAT WE WILL BE USING CONTAIN VOCABULARY WORDS THAT ARE USED FREQUENTLY DURING THE CHRISTMAS SEASON. IF YOU ARE CONFUSED ABOUT A WORD, OR IF YOU DON'T UNDERSTAND THE WORD, PLEASE ASK FOR HELP.

* THE WRITING/CONVERSATIONAL TOPIC FOR TONIGHT WILL ALSO BE ABOUT CHRISTMAS. YOU WILL HAVE SOME TIME TO CREATE YOUR OWN CHRISTMAS LIST, AND THEN YOU WILL SHARE YOUR LIST WITH THE CLASS.



ENGLISH AS A SECOND LANGUAGE

READ THE SENTENCE CAREFULLY AND CHOOSE THE CORRECT ANSWER IN THE PRESENT TENSE.

1. We _______ going to church because it is **Christmas Eve**.

   A. am
   B. is
   C. are

   synonyms: the night before Christmas

2. Ba _______ buying a **gift** for Christmas.

   A. am
   B. is
   C. are

   synonyms: present
   package

3. Enrique and I _______ **decorating** the tree.

   A. am
   B. is
   C. are

   synonyms: trimming

4. The little boy _______ very excited about Christmas.

   A. am
   B. is
   C. are

5. I _______ working today, so I can be home for the **holidays**.

   A. am
   B. is
   C. are

   synonyms: Christmas
   New Year's Day
   Christmas Eve

ENGLISH AS A SECOND LANGUAGE

6. The man with the white beard _______ wearing a Santa Claus costume.

A. am
B. is
C. are

synonyms: Santa
St. Nick
St. Nicholas

7. The date _______ December 22, 1992. There are only a few days until Christmas.

A. am
B. is
C. are

8. Nam _______ filling the stocking with gifts.

A. am
B. is
C. are

synonyms:

9. _______ you ready for Santa Claus?

A. am
B. is
C. are

10. The workers _______ at the Christmas party.

A. am
B. is
C. are

ENGLISH AS A SECOND LANGUAGE

READ THE SENTENCES CAREFULLY AND CHOOSE THE CORRECT ANSWER IN THE PAST TENSE.

1. The Christmas song _______ beautiful.

A. was
B. were

synonyms: hymns
carols
music

2. I _______ going to buy a turkey for Christmas dinner.

A. was
B. were

3. All of the decorations _______ on the tree.

A. was
B. were

synonyms: ornaments

4. _______ it cold when you went Christmas caroling?

A. was
B. were

5. The supervisor ______ giving Christmas cards to all of the employees.

A. was
B. were

synonyms:

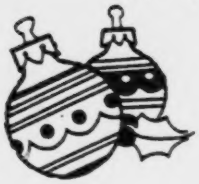
ENGLISH AS A SECOND LANGUAGE

6. Brandi _______ eating a candy cane.

A. was
B. were

synonyms: peppermint stick

7. Nam, Ba, and Enrique _______ putting ornaments on the tree.



A. was
B. were

synonyms: Christmas balls
" " bulbs

8. Everyone _______ shopping at the mall yesterday.

A. was
B. were

9. _______ they sleeping when Santa brought their gifts?

A. was
B. were

10. The presents _______ under Tami's Christmas tree.

A. was
B. were

ENGLISH AS A SECOND LANGUAGE

THE VERB "BE"

PRESENT TENSE

I	am
you	are
he she it	is
they	are
we you all	are

PAST TENSE

I	was
you	were
he she it	was
they	were
we you all	were

ENGLISH AS A SECOND LANGUAGE

WRITING / CONVERSATION ACTIVITY

BEFORE CHRISTMAS, MANY CHILDREN AND ADULTS MAKE A CHRISTMAS LIST. THEY WRITE DOWN WHAT THEY WOULD LIKE FOR CHRISTMAS, OR WHAT THEY ARE GETTING OTHER PEOPLE FOR CHRISTMAS. FOR TONIGHT'S ACTIVITY, YOU WILL EACH MAKE A CHRISTMAS LIST AND THEN SHARE THE LIST WITH THE REST OF THE CLASS.

PROJECT
PRO
PROFESSIONAL READINESS OPPORTUNITY

ENGLISH AS A SECOND LANGUAGE

* THIS WEEK WE WILL CONTINUE TO WORK WITH THE VERB "BE". WE WILL COMPLETE MORE SENTENCES IN PRESENT AND PAST TENSES.

* TONIGHT WE WILL ALSO WORK ON PRONUNCIATION/WRITING SKILLS. YOU WILL READ A STORY AND HEAR YOUR OWN PRONUNCIATION. HEARING YOUR OWN MISTAKES WILL HELP YOU UNDERSTAND WHAT YOU NEED TO WORK ON THE MOST.

ENGLISH AS A SECOND LANGUAGE

COMPLETE THE SENTENCE WITH THE CORRECT FORM OF THE VERB "BE" IN PRESENT TENSE.

1. They _______ at work today.

   A. am
   B. is
   C. are

2. He _______ a responsible employee.

   A. am
   B. is
   C. are

3. You _______ supposed to call in if you can't come to work.

   A. am
   B. is
   C. are

4. I _______ not going on vacation this year.

   A. am
   B. is
   C. are

5. We _______ learning English.

   A. am
   B. is
   C. are

6. It _______ very windy outside.

   A. am
   B. is
   C. are

7. This _______ our sixth class.

   A. am
   B. is
   C. are

ENGLISH AS A SECOND LANGUAGE

COMPLETE THE SENTENCE WITH THE CORRECT FORM OF THE VERB "BE" IN PAST TENSE.

1. I _______ not here for Christmas.

   A. was
   B. were

2. They _______ asked to assist their co-workers.

   A. was
   B. were

3. She _______ nominated "Employee Of The Month".

   A. was
   B. were

4. We _______ looking forward to our trip.

   A. was
   B. were

5. You all _______ here on time tonight.

   A. was
   B. were

6. Sam _______ sick during the holidays.

   A. was
   B. were

7. I _______ not at work yesterday, because my car broke down on the highway.

   A. was
   B. were

8. The workers _______ unhappy with their supervisor.

   A. was
   B. were

Reading and Reasoning Learner's Performing-Work Taskbook

Developed by:
Edmund Vitale, Jr.
Tamara Fleming

PERFORMING WORK:
TASK # 01

The MEMO in the box below tells you how this class will be conducted.

STOP! DON'T READ THE MEMO YET.

Your facilitator will first explain and discuss with you a different way the class will read the memo. We call this different way of reading, **ACTIVE READING**. Then everyone together will practice **READING ACTIVELY** on the memo below.

MEMO TO THE CLASS

This class will be different. You will not just work by yourself or listen to a teacher give you information. You will be actively involved in (A) thinking and (B) learning-how-to-learn by (1) reading actively, (2) explaining answers, (3) taking part in group activities, and (4) using resources.

A) **THINKING:** Thinking is not just knowing and/or finding the right answer. That is memorization. Thinking is the use of information and knowledge to help solve problems. In this class, you will be actively involved in solving problems and thinking.

B) **LEARNING-HOW-TO-LEARN:** Knowing how to find, think about, and use information to solve problems is a learning-how-to-learn skill. So as you actively seek solutions to problems, you will examine how you reached your solutions (your problem-solving strategies) and use that process to learn-how-to-learn.

1) **READING ACTIVELY:** Being able to read well helps all of us perform our work. Reading to perform work is a goal for this course. Active reading in this course includes reading aloud. Don't be afraid of making mistakes while reading. We all do! In fact, they are not mistakes; incorrect answers are considered learning opportunities. We use them to learn. (We call this taking advantage of learning opportunities.) In addition to helping you practice reading, reading aloud as conducted in this class will be used to develop your reading comprehension skills.

2) **EXPLAINING ANSWERS:** You will be asked to give reasons and explanations for answers to questions. In this class, the explanation for an answer is as important as the answer itself. So start to become aware of the reasons for your answers: What made you think of that answer? *Answers will be judged more on the explanation than on whether the answer is right or wrong.*

2A) **COMMUNICATING:** Giving reasons and explanations for answers will require you to talk a lot. This will help you to answer questions and give information more clearly on the job. In this class, you will also be asked to write out answers to problems in sentence or memo form.

3) **TAKING PART IN GROUP ACTIVITIES:** Working in a group in the classroom helps you to learn more about working together and team work on the job. Many of the activities in this course will be completed in small or large groups that require you to learn how to participate effectively in a group.

4) **USING RESOURCES TO BUILD YOUR OWN KNOWLEDGE:** More than likely, your previous educational experiences in the classroom involved having knowledge and information given to you by the teacher, who lectured or directed you to read certain textbook pages. In this class, you will learn how to use manuals, memos, charts, and the dictionary, together with some regular classroom books to help solve work-related problems. Learning how to use written resources allows you to solve problems better; it also allows you to build your own knowledge, which is another way of learning-how-to-learn.

PERFORMING WORK:
TASK # 02

BRAINSTORMING:

Your facilitator will conduct a class session where you and your classmates will learn about brainstorming; then you will brainstorm the ideas, concepts, and terms that you associate with WMC's C.A.R.E. philosophy.

MAKING CONNECTIONS:

1. List as many things WMC's C.A.R.E. philosophy has in common with the MEMO TO THE CLASS you discussed in TASK 01.

DISCUSS YOUR IDEAS: (Discuss as a class your thoughts about the similarities between WMC's C.A.R.E. philosophy you brainstormed and the MEMO TO THE CLASS you have discussed in TASK 01. Use the space below for your notes.)

DEVELOP CLASSROOM POLICY:

2. Based on the class discussion of question 1 above, suggest some appropriate responsibilities of you and your classmates.

DISCUSS YOUR IDEAS: (Your facilitator will post the suggestions on the board and lead the class in developing a final list that will be posted in the classroom and used throughout the rest of the course.)

PERFORMING WORK:
TASK # 03

READ ACTIVELY: You will next be asked to locate and read your *Job Description*.

BEFORE YOU ACTUALLY READ, **THINK!**

We often think about an activity before we start doing it. Just like we have to warm up before playing a sport, we have to think before performing tasks; we get out the ingredients before preparing a meal; we plan our trips to the market. We also have to think before we read, though many of us don't realize we do any thinking before we read. **THINKING** is a part of **ACTIVE READING.** In this course, we are going to learn what we can do just before we start to read. We call this mental planning and preparation for active reading, **BEFORE-READING THINKING**. The task we will perform in this case is reading a job description.

In order to help you develop some good habits in your **BEFORE-READING THINKING** in this situation, let's (A) determine the reasons for reading a job description, (B) recall what you already know about job descriptions, and (C) try to predict what you will find in such a description.

THINK BEFORE YOU READ:

1. List some reasons why you would read a job description. Be prepared to discuss these reasons. (Don't worry about grammar, spelling, punctuation, or complete sentences here. Just make some notes for yourself so you can tell the class orally what are some reasons for reading a job description.)

2. List some things about job descriptions that you expect to find. Be prepared to discuss what you already know. (Don't worry about grammar, spelling, punctuation, or complete sentences here. Just make some notes for yourself so you can tell the class orally what you already know.)

DISCUSS YOUR IDEAS: (Have a class discussion on questions 1 and 2 before continuing with this exercise. Note here any interesting points you want to remember from the discussion.)

FINDING RESOURCES: Now go to your ***Learner's Resource Manual*** and find your job description. But before you actually read the document, answer question 3 below.

THINKING ABOUT HOW TO FIND INFORMATION:

3. List the steps you took to find your job description in your ***Learner's Resource Manual***.

DISCUSS YOUR IDEAS: (Discuss as a class the different ways to find information in the ***Learner's Resource Manual***. Use the space below for your notes.)

READ ACTIVELY: Your facilitator will guide you through actively reading the Job Description aloud just as the class read aloud the MEMO TO CLASS.

THINKING ABOUT READING AND THINKING:

4. In question 1, you were asked to list some reasons why you would read a job description. Did the fact that you had to think about the purpose for reading before you actually read the job description help you UNDERSTAND the job description better? Make some notes below to support your answer.

5. In question 2, you were asked to list some things you already know you already know. Did the fact that you had to recall what you already know about job descriptions help you COMPREHEND AND UNDERSTAND the job description better? Make some notes below to support your answer.

6. List the things that you did find in the job description that you expected to find. (Again, don't worry about grammar or spelling or sentence structure. Make these notes for yourself so you can remember and discuss them in class.)

7. List the things you expected to find but didn't.

8. List here the things that you found in reading the job description that you did not expect to find.

DISCUSS YOUR IDEAS: (Discuss as a class your answers to questions 5 through 8. Use the space below for your notes.)

PERFORMING WORK:
TASK # 04

READ ACTIVELY: You receive the following memo:

MEMO

TO: ALL EMPLOYEES
FROM: PERSONNEL
DATE: APRIL 10, 199_

The new Universal Precautions for WMC employees are attached. Read carefully and be prepared to follow the new procedures.

STOP!!: No, we didn't forget to attach the new Universal Precautions. We are first going to answer some preliminary questions to start us thinking about what we will read.

THINK BEFORE YOU READ:

1. What were your first thoughts as you read the MEMO? (Not your thoughts about this exercise!!) What was your mind thinking about as you read the MEMO about the new procedure? (Feel free to mention whatever you thought about!)

2. Would your answers to question 1 above be different if the last sentence of the MEMO only said: "Please read the section attached." If your thoughts would be different, explain the difference. If your thoughts would not be different, why not? (Don't forget the explanations for your answers are as important as your answers.)

3. List some things you expect to find in the Universal Precautions.

DISCUSS YOUR IDEAS: (Discuss as a class questions 1 through 3 before continuing this TASK. Use the space below for your notes from the class discussion.)

FINDING RESOURCES: Now go to your ***Learner's Resource Manual*** and find the Universal Precautions. But before you actually read the document, answer question 4 below.

THINKING ABOUT HOW TO FIND INFORMATION:

4. List the steps you took to find the new Universal Precautions in your ***Learner's Resource Manual.***

DISCUSS YOUR IDEAS: (Discuss the steps you used to find and material and whether the steps you now take to find information in your ***Learner's Resource Manual*** are becoming easier and more efficient and why. Use the space below for your notes from the class discussion.)

READ ACTIVELY: Your facilitator will guide you through reading the document aloud just as we read aloud the MEMO TO THE CLASS.

THINKING ABOUT READING AND THINKING:

5. In question 3, you were asked to list the things you expected to find in the Universal Precautions. Did making this list before reading the Universal Precautions actually help you read the material better? (List the reasons for your answers.)

6. List any information in the Universal Precautions that was different from what you expected to find.

DISCUSS YOUR IDEAS: (Discuss as a class your answers to questions 5 and 6 before continuing the exercise. Use the space below for your notes from the class discussion.)

DISCOVERING RELATIONSHIPS:

7. List as many things in common as you can between the Universal Precautions and the job description you previously studied.

DISCUSS YOUR IDEAS: (Discuss as a class your thoughts about the relationship between your job description and the Universal Precautions. Use the space below for your notes from the class discussion.)

BUILDING YOUR THINKING SKILLS:

8. Do **BEFORE-READING THINKING STRATEGIES** change as the material you read (such as charts, newspapers, or grocery advertisements) changes? Be prepared to support you answer.

9. Do **BEFORE-READING THINKING STRATEGIES** change as the instructions you receive change? For instance, assume the memo introducing this TASK only stated: "Please read the new Universal Precautions." Please support your answer.

10. What do the answers to the last two questions mean for the way you read and for the **BEFORE-READING THINKING STRATEGIES** you might use?

DISCUSS YOUR IDEAS: Discuss as a class the answers to the last three questions. Use the space below for your notes from the class discussion.

PERFORMING WORK:
TASK # 05

BRAINSTORMING:

1. Your facilitator will guide you in a brainstorming session, the purpose of which is to develop as many **BEFORE-READING THINKING STRATEGIES** as possible.

ANALYZING:

2. After the list has been developed, your facilitator will guide you in analyzing each entry on the list. The analysis should determine (1) whether the entry should be included in a final list, (2) suggestions for rewording if necessary, and (3) a short description of how the strategy can be used. You should be able to support each decision in each of these three categories.

DEVELOPING A CHART:

3. Either individually or in small groups, develop a chart of the class's **BEFORE-READING THINKING STRATEGIES**. Try to determine a point of view or an organizing theme for the chart such as the strategies used for reading at work, or reading at school, or reading for different purposes, or all of these in one chart. Be creative in developing the theme for your chart and how you show it on paper.

PERFORMING WORK:
TASK # 07

READ ACTIVELY the following memo:

TO: HOSPITAL PERSONNEL
FROM: Personnel Department
DATE: June 10, 199__

RE: TRAINING SESSION ON HANDLING HAZARDOUS MATERIALS

The Training Department has scheduled a training session for various WMC departments on the hazardous materials you might encounter in the performance of your job.

In order to get the most out of the training, please review a Material Safety and Data Sheet (MSDS) form from your department and know how it is organized before the training session. The trainers will assume you are familiar with the MSDS form and will base the training on that assumption.

Since the training will involve answers to the following questions, please come prepared to answer these questions for any MSDS form that you have in your department:

A. From the MSDS form for the product that you choose, what is the name and address of the company that produces this product?

B. From the MSDS form for the product that you choose, what is the telephone number to call in the event you want more information?

C. From the MSDS form for the product that you choose, what would you do if that product splashed into the eye of a co-worker?

D. From the MSDS form for the product that you choose, what would you do if that product spilled all over the floor?

E. From the MSDS form for the product that you choose, what kind of fire extinguisher would you use to put out a fire involving this product.

DISCUSS YOUR IDEAS: Be prepared to present your chart and the reasons for its organizing theme to the rest of the class. The space below are for your notes from the class discussion.

PERFORMING WORK:
TASK # 06

READ ACTIVELY: You receive the following memo:

MEMO

TO: ALL EMPLOYEES
FROM: SAFETY AND SECURITY
DATE: APRIL 10, 199_

Attached is the Code Orange section of the Emergency Plans and Safety Policies Manual. Please be aware of the procedures for your department and be prepared to respond accordingly. Specifically, please answer the following questions about Code Orange as it relates to your department:

A. How many Code Orange levels are there and what is the name of each level?

B. Where do you report in the event of a Code Orange emergency?

C. Explain the chain of command for each Code Orange level.

D. List the specific duties your department performs in a Code Orange emergency.

STOP!!: No, we didn't forget to attach the Code Orange section of the Emergency Plans and Safety Policies Manual. We are first going to list some of the **BEFORE-READING THINKING STRATEGIES** you will use and then start thinking about **DURING-READING THINKING STRATEGIES**.

THINK BEFORE YOU READ:

1. List the **BEFORE-READING THINKING STRATEGIES** you intend to use when reading the Code Orange section of the Emergency Plans and Safety Policies Manual.

2. List some things you expect to find in the Code Orange section of the Emergency Plans and Safety Policies Manual.

DISCUSS YOUR IDEAS: (Discuss as a class, questions 1 and 2 before continuing this TASK. Use the space below for your notes from the class discussion.)

THINKING ABOUT THINKING AND READING:

AS the last question above demonstrated, one of the best ways to prepare for reading is to find out what you already know. So to prepare for developing DURING-READING THINKING STRATEGIES, let's find out what you already know about them.

3. What are some of the things you do while you read to make sure you understand what you're reading?

DISCUSS YOUR IDEAS: (Discuss as a class, what you can do while reading to comprehend and understand what you are reading. Use the space below for your notes from the class discussion.)

FINDING RESOURCES: Now go to your ***Learner's Resource Manual*** and find the Code Orange section of the Emergency Plans and Safety Policies Manual. But before you actually read the document, answer questions 4 and 5 below.

THINKING ABOUT HOW TO FIND INFORMATION:

4. List the steps you took to find the Code Orange section of the Emergency Plans and Safety Policies Manual in your ***Learner's Resource Manual.***

5. You are becoming an expert on how to find information in the *LEARNER'S RESOURCE MANUAL*. This will be the last time you will be asked about finding information in your *LEARNER'S RESOURCE MANUAL*, but now we want you to start thinking about how you find information in other books, such as a dictionary, or a child's math book, or the directions to put together an appliance. List some ways that you use to find information in books.

DISCUSS YOUR IDEAS: (Your ideas about how to find information in other books is a very important part of learning-how-to-learn. Discuss your ideas with the rest of the class before going on to the rest of this TASK.)

READ ACTIVELY: Your facilitator will guide you through reading the Code Orange section of the Emergency Plans and Safety Policies Manual aloud, in the same manner that we read aloud the MEMO TO THE CLASS.

READING FOR COMPREHENSION: Now reread to yourself the Code Orange material and answer the questions, repeated below, in the space provided. As you answer these questions, be aware of the **DURING-READING THINKING STRATEGIES** you are using to monitor your understanding of the material and your answers to the questions.

6. Now let's answer the questions contained in the MEMO:

   A. How many Code Orange levels are there and what is the name of each level?

   B. Where do you report in the event of a Code Orange emergency?

   C. Explain the chain of command for each Code Orange level.

   D. List the specific duties Environmental Services performs in a Code Orange emergency.

THINKING ABOUT READING AND THINKING: Before discussing your answers to the Code Orange questions, let's become aware of what you did as you read the material and answered the questions. Answer the following questions as carefully and completely as you can so we can have a lively discussion of the reading and thinking strategies that you used.

7. In question 1, you were asked to list the **BEFORE-READING THINKING STRATEGIES** you intended to use when reading the Code Orange section of the Emergency Plans and Safety Policies Manual. Did using the strategies you listed help you to read and understand the Code Orange material better? Support your answers by listing your reasons for your answer.

8. In question 2, you were asked to list what you expected to find in the Code Orange section of the Emergency Plans and Safety Policies Manual. Did thinking about what you expected to find in the material help you read and understand the Code Orange material better? Support your answers by listing your reasons for your answer.

DISCUSS YOUR IDEAS: (Discuss as a class your answers to questions 6 and 7 before continuing the exercise. Use the space below for your notes from the class discussion.)

THINKING ABOUT DURING-READING THINKING STRATEGIES:

9. In question 3, you were asked to determine some of the things you do while you read to make sure you understand. What were some of the strategies you used while you were reading and answering questions and how effective were they?

10. Did any other **DURING-READING THINKING STRATEGIES** come to mind as you read this material and answered the questions? List some of your new ideas.

DISCUSS YOUR IDEAS: (Discuss your answers to questions 7 through 10 with the class. Note any new ideas in the space provided below.)

FROM PROCESS TO CONTENT:

Questions 7, 8, 9, and 10 are called process questions, which are designed to make you aware of what your mind does as it reads and answers questions. Becoming aware of the process your mind goes through to read and answer questions is an important part of learning-how-to-learn and using these new thinking skills to perform better in the workplace.

Since the process questions are now out of the way, we can discuss the answers to the questions asked in the memo that started this TASK. Please return to question 5 and discuss your answers to the questions presented there.

DISCUSS YOUR IDEAS: (Discuss your answers to the questions posed in the memo with the rest of the class. Be prepared to give the place within Code Orange that supports your answers.)

DISCOVERING RELATIONSHIPS:

11. List as many similarities as you can between the Code Orange section of the Emergency Plans and Safety Policies Manual and the job description you previously studied.

DISCUSS YOUR IDEAS: (Discuss as a class your thoughts about the relationship between Code Orange section of the Emergency Plans and Safety Policies Manual and the job description. Use the space below for your notes from the class discussion.)

THINK BEFORE YOU READ:

1. Before reading the MSDS form, list the **BEFORE-READING THINKING STRATEGIES** you will use to read this form.

2. List the **DURING-READING THINKING STRATEGIES** you will use to read the MSDS form.

DISCUSS YOUR IDEAS: (All members of the class should share their **BEFORE- AND DURING-READING THINKING STRATEGIES**. Use the space below to write down any new ideas that come out of the discussion.)

READ ACTIVELY AND FOR COMPREHENSION: Now find and read to yourself the MSDS form you have chosen and answer the questions, reproduced below, in the space provided. As you read the material and answer these questions, be aware of the **DURING-READING THINKING STRATEGIES** you are using to monitor your understanding of the material and your answers to the questions.

3. Now let's answer the questions contained in the MEMO:

   A. From the MSDS form for the product that you choose, what is the name and address of the company that produces this product?

B. From the MSDS form for the product that you choose, what is the telephone number to call in the event you want more information?

C. From the MSDS form for the product that you choose, what would you do if that product splashed into the eye of a co-worker?

D. From the MSDS form for the product that you choose, what would you do if that product spilled all over the floor?

E. From the MSDS form for the product that you choose, what kind of fire extinguisher would you use to put out a fire involving this product.

THINKING ABOUT READING AND THINKING: Before discussing your answers to the MSDS questions, let's become aware of what you did as you read the material and answered the questions. Answer the following questions as carefully and completely as you can so we can have a lively discussion of the reading and thinking strategies that you used.

4. In question 1, you were asked to list the **BEFORE-READING THINKING STRATEGIES** you would use to read the MSDS form. Did the strategies you picked to read this form help you to understand the form? Support your answers by listing your reasons for your answer.

5. In question 2, you were asked to list the **DURING-READING THINKING STRATEGIES** you would use while reading the MSDS form. Did the strategies that you used while reading the document help you understand the form and answer the questions that were asked? Support your answers by listing your reasons for your answers.

6. Did any new **DURING-READING THINKING STRATEGIES** come to mind as you read this material and answered the questions? List some of your new ideas.

DISCUSS YOUR IDEAS: (Discuss as a class how your strategies actually worked. Use the space below to write any new ideas from the class discussion.)

FROM PROCESS TO CONTENT:

Questions 4, 5, and 6 are the process questions to get you aware of what your mind does as it reads material and answers questions. As stated before, this thinking process is an important learning-to-learn skill that you can use at any time, not just the classroom.

Since the process questions are now out of the way, we can discuss the answers to the questions asked in the memo that started this TASK. Please return to question 4 and discuss your answers to the questions presented there.

DISCUSS YOUR IDEAS: (Discuss your answers to the questions posed in the memo with the rest of the class. Be prepared to give the place within your MSDS form that supports your answers.)

PERFORMING WORK:
TASK # 08

READ ACTIVELY:

MEMO

TO: ALL EMPLOYEES
FROM: ENGINEERING
DATE: APRIL 10, 199_

RE: The Maintenance Request Form

Attached is the *Maintenance Request Form* WMC currently uses and the explanation for its use. Please review the form and read the explanation so that you will understand its purpose and be able to fill one out properly.

Before looking in your ***LEARNER'S RESOURCE MANUAL*** for the *Maintenance Request Form* and its explanation, THINK.

THINK BEFORE YOU READ:

1. State as clearly as possible the reasons that you will be reading the *Maintenance Request Form* and its Explanation.

2. What do you already know about *Maintenance Request Forms*?

3. What **DURING-READING THINKING STRATEGIES** will you use as you read the explanation and the *Maintenance Request Form*?

DISCUSS YOUR IDEAS: (Before going on to the next part of this TASK, discuss your answers and ideas to questions 1 through 3 with the class. Use the space below for your notes from the class discussion.)

READ ACTIVELY: Now find and read the *Maintenance Request Form* and its explanation in your ***LEARNER'S RESOURCE MANUAL*** and answer the questions below.

THINKING ABOUT READING AND THINKING:

4. Based on the *Maintenance Request Form*'s explanation, do you understand what each line and block on the *Maintenance Request Form* is used for? Explain and support your answer with specific details.

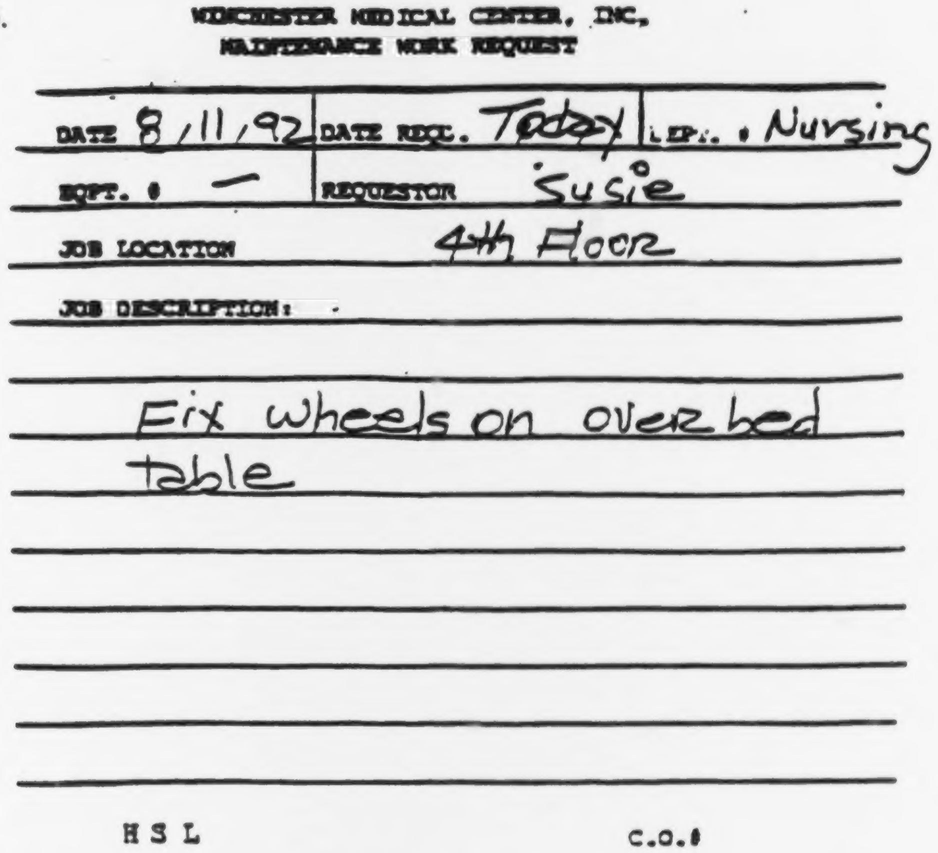
5. If you need more information about filling out this form, state the information you need to know? Give the reasons for your conclusion that you need the information.

DISCUSS YOUR IDEAS: (Share your ideas on questions 4 and 5 with the class, before continuing with the exercises.)

READ ACTIVELY: Next are examples of completed *Maintenance Request Forms*. Read each of these, one at a time, and evaluate them for effectiveness. Be sure you give the reasons for the decision you make about each form's effectiveness.

APPLYING READING SKILLS:

6.



WINCHESTER MEDICAL CENTER, INC.,
MAINTENANCE WORK REQUEST

DATE 8/11/92
DATE REQ. Today
DEPT. # Nursing
EQPT. # —
REQUESTOR Susie
JOB LOCATION 4th Floor
JOB DESCRIPTION:

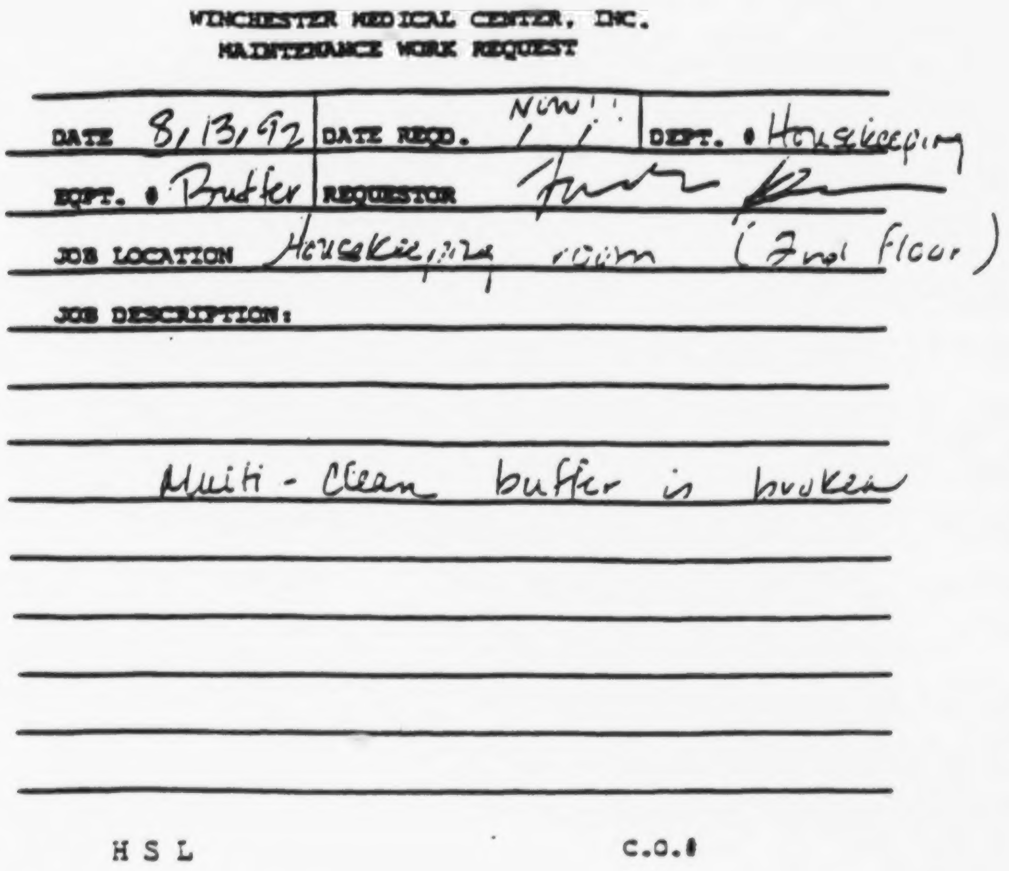
Fix wheels on overbed table

H S L

C.O.#

REASONS FOR YOUR CHOICE:

7.



WINCHESTER MEDICAL CENTER, INC.
MAINTENANCE WORK REQUEST

DATE 8/13/92	DATE REQD. NOW!! / /	DEPT. # Housekeeping
EQPT. # Buffer	REQUESTOR	

JOB LOCATION Housekeeping room (2nd floor)

JOB DESCRIPTION:

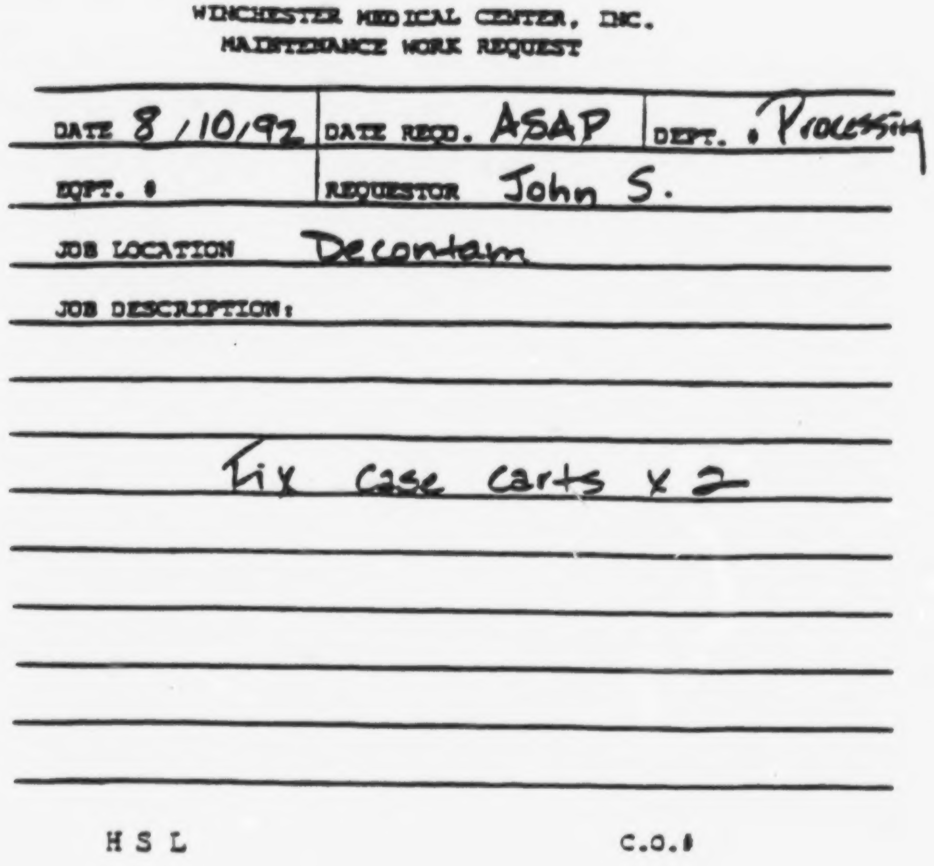
Multi-Clean buffer is broken

H S L

C.O.#

REASONS:

8.



WINCHESTER MEDICAL CENTER, INC.
MAINTENANCE WORK REQUEST

DATE 8/10/92	DATE REQD. ASAP	DEPT. # Processing
EQPT. #	REQUESTOR John S.	

JOB LOCATION Decontam

JOB DESCRIPTION:

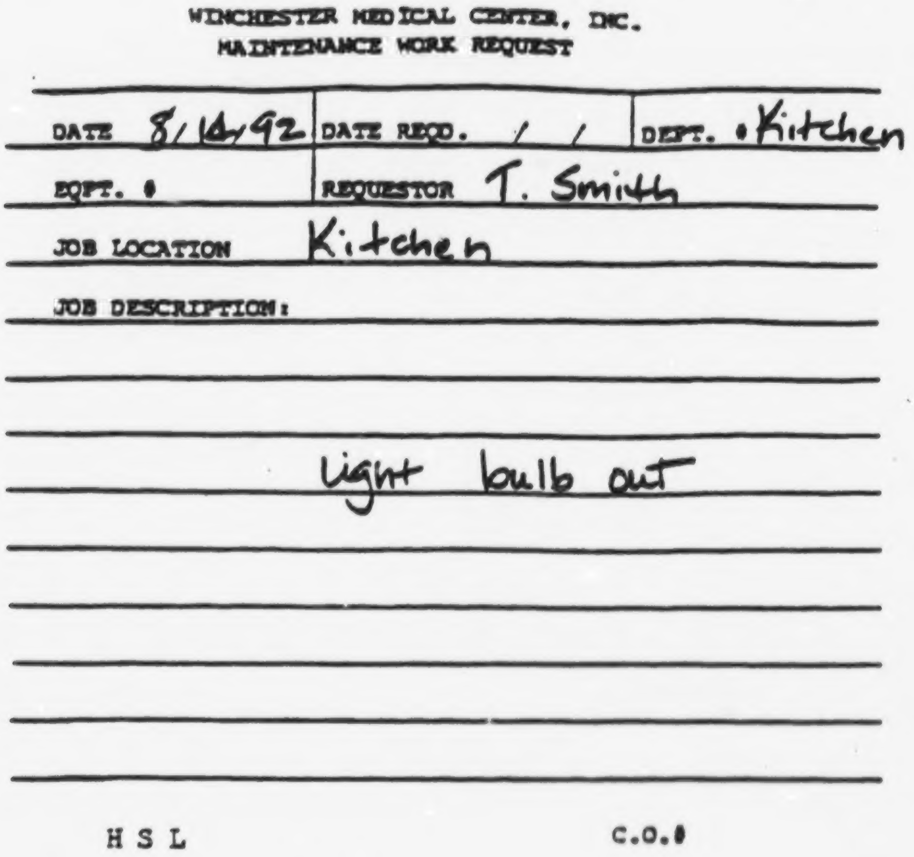
Fix case carts x 2

H S L

C.O.#

REASONS:

9.



WINCHESTER MEDICAL CENTER, INC.
MAINTENANCE WORK REQUEST

DATE 8/14/92	DATE REQD. / /	DEPT. # Kitchen
EQPT. #	REQUESTOR T. Smith	

JOB LOCATION Kitchen

JOB DESCRIPTION:

light bulb out

H S L

C.O.#

REASONS:

THINKING ABOUT PROCESS:

Before you discuss your responses to the situations in questions 6 through 9 as a class, think about the thinking process you used to answer those questions by answering the following 2 questions.

THINKING ABOUT READING AFTER FILLING OUT FORMS:

10. Did your experience in evaluating written responses on the *Maintenance Request Form* help you to better UNDERSTAND the blank form? Be prepared to support your ideas.

11. Does your answer to question 10 above support the idea that the more you know about a subject while you read, the better you will UNDERSTAND it? Give the reasons for your answer.

DISCUSS YOUR IDEAS: (Share your ideas about previous knowledge and reading with the class before continuing with the exercise.)

FROM PROCESS TO CONTENT: (Your facilitator will lead you in a class discussion of your responses to questions 6 through 9. Use the space below for important points that come out of the discussion.)

BUILDING YOUR THINKING SKILLS:

12. Did this TASK inspire you to add more items to your list of **DURING-READING THINKING STRATEGIES**? List reasons to support the addition of new items.

DISCUSS YOUR IDEAS: (Share your ideas with the class.)

PERFORMING WORK:
TASK # 09

BRAINSTORMING:

1. Your facilitator will guide you in a brainstorming session, the purpose of which is to develop as many **DURING-READING THINKING STRATEGIES** AS POSSIBLE.

ANALYZING:

2. After the list has been developed, your facilitator will guide you in analyzing each entry on the list. The analysis should determine (1) whether the entry should be included in a final list, (2) suggestions for rewording if necessary, and (3) a short description of how the strategy can be used. You should be able to support each decision in each of these three categories.

DISCOVERING RELATIONSHIPS:

3. Your facilitator will divide the class into groups. Each group is to take the list of **BEFORE-READING THINKING STRATEGIES** compiled in TASK 05 and the list of **DURING-READING THINKING STRATEGIES** compiled in answer to this question and put them into a chart. Try to have the chart show the relationship, if any, between the **BEFORE-** and **DURING-READING STRATEGIES.**

DISCUSS YOUR IDEAS: (Each group will present its chart to the rest of the class, explaining and support the relationships between **BEFORE-** and **DURING-READING THINKING STRATEGIES** it discovered and how its chart shows those relationships.

DISCOVERING MORE RELATIONSHIPS:

4. Is there a relationship between the strategies you listed in the class's **DURING-READING THINKING** chart and the strategies you might use while you perform a physical task like cleaning a room, fixing a car, or preparing a meal. List the reasons for your answer.

DISCUSS YOUR IDEAS: (Discuss as a class the connection, if any, between thinking during reading and thinking during performing a physical task. Use the space below for noting any new ideas from the class discussion.)

PERFORMING WORK:
TASK # 10

READ ACTIVELY:

You have been concentrating on, among other things, **BEFORE-READING and DURING-READING THINKING STRATEGIES**. In the next few TASKS, you will use your **BEFORE-READING and DURING-READING THINKING STRATEGIES**, but will focus on developing **AFTER-READING THINKING STRATEGIES**.

FINDING OUT WHAT WE ALREADY KNOW:

1. First of all, are there any **AFTER-READING THINKING STRATEGIES** at all? Isn't reading finished once you have prepared for reading and actually monitored your reading?

2. Even if you decided there aren't any **AFTER-READING THINKING STRATEGIES**, list some of the things you can do after you have read to make sure you UNDERSTAND the material, or followed the directions given in the reading material.

DISCUSS YOUR IDEAS: (Discuss as a class your ideas about any **AFTER-READING THINKING STRATEGIES** that can be used.)

READ ACTIVELY: The assignment is for you to read the material in the ***LEARNER'S RESOURCE MANUAL*** entitled "Career Review & Development" together with the "Tuition Reimbursement Supplement" and answer questions 3 through 7 below. The purpose for reading this document is to give you more information on career development. Your facilitator will divide the class into groups. Each group will perform the following:

> (1) The group will discuss and list appropriate **BEFORE-READING THINKING STRATEGIES** for the group members to use.
>
> (2) The members of the group will read the material aloud but instead of doing the questioning, clarifying, summarizing and predicting activities, the group will use **DURING-THINKING READING STRATEGIES** to monitor the reading.
>
> 3) After the material has been read, determine the **AFTER-READING THINKING STRATEGIES** you will use and answer the questions below.

QUESTIONS:

3. What do you notice about the way the pages look? How is it visually organized?

4. List the three factors that are considered by department heads/DPSs in recommending merit pay increases.

5. Underline the sections of the "Career Review & Development" materials that explain the difference between a transfer and a promotion.

6. Can an employee make a request for his or her own promotion? Give the name of the document and the document's section that supports your answer. Be specific.

7. Explain WMC's college fees repayment plan for full-time employees.

THINKING ABOUT THE READING AND THINKING PROCESS:

Before discussing the answers to the above questions, let's talk about each group's use of the **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES**.

8. Each group will present to the rest of the class the **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES** it used and will evaluate how successful the strategies were, giving specific examples when appropriate.

9. Did any other **AFTER-READING THINKING STRATEGIES** come to mind as you discussed question 8?

FROM PROCESS TO CONTENT:

Your facilitator will lead you in a class discussion of your responses to questions 3 through 7.

PERFORMING WORK:
TASK # 11

PRELIMINARY CONSIDERATIONS:

The major assignment in this TASK is to fill out the May, 199X, Housekeeping Supplies and Inventory form based on the April's closing figures and May's consumption and ordering information. But as usual, a series of preliminary questions will be asked and a series of preliminary activities will be completed before you fill out the form.

The first thing to understand is that all the reading in the workplace is not just written reports and memos. In addition to the written memos and reports, much information in the workplace is conveyed by charts, graphs, and complex forms. The Housekeeping department generally has a form to keep track of inventory and supplies and to help determine the amount of supplies to order. Before reading such a form, let's do some thinking.

TRANSFERRING YOUR THINKING SKILLS:

1. How do you think you might use the **BEFORE- and DURING-READING THINKING STRATEGIES** you developed to read written material to help you "read" forms, charts, and graphs?

DISCUSS YOUR IDEAS: (This question starts you thinking about the relationship of reading written material and reading charts. Discuss as a class your ideas about this relationship. Use the space below for your notes from the class discussion.)

READING ACTIVELY: Another preliminary activity you will do before completing the May, 199X report is to read, analyze, and comprehend the March and April, 199X, Inventory and Supply forms. Your facilitator will divide the class into groups and each group will perform the following tasks:

(1) Find, in the ***LEARNER'S RESOURCE MANUAL***, the Housekeeping Supplies and Inventory forms for March and April, 199X.

(2) List the appropriate **BEFORE- and DURING-READING THINKING STRATEGIES** you think appropriate and then use these strategies as the group "reads" the March and April reports.

(3) After the material has been read, determine and use the appropriate **AFTER-READING THINKING STRATEGIES** to answer the questions below.

QUESTIONS:

2. What does 'Max Par' and 'Min Par' mean and how do you think the figures in these columns are determined?

3. What information from the columns of the March report were used to prepare the April report and in which columns in the April report did the information go?

4. The figures for the "End Inventory" column in April is determined by a physical inventory inspection. The figures in the amount purchased for the month come from the purchasing department. What three columns in the April report were recalculated?

5. Explain how the three columns mentioned in your answer to question 4 above are calculated on the April report?

6. Does your group have any questions about the forms or how they are used?

THINKING ABOUT THE READING AND THINKING PROCESS:

Before discussing the answers to the above questions, let's talk about each group's use of **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES**.

7. Each group will present to the rest of the class the **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES** it used and will evaluate how successful the strategies were, giving specific examples when appropriate.

8. Did any other **AFTER-READING THINKING STRATEGIES** come to mind as you discussed question 7?

FROM PROCESS TO CONTENT:

Your facilitator will lead you in a class discussion of your responses to questions 2 through 6. (Use the space below for notes you want to take from the discussion.)

FILL OUT THE MAY REPORT:

You finally get a chance to complete the May, 199X form. Go back to your group and complete the report using the blank form on the next page and the information given below. Each group should develop some problem-solving strategies or a list of the steps the group will take to complete this form. In other words, use your problem-solving skills and discuss as a group how the group should attack the problem.

	PURCHASED	END INVENTORY
2045 Facial Tissue: White	08 cases	11 cases
2054 Toilet Tissue: White	11 cases	12 cases
2058 Toilet Tissue: Beige	02 cases	08 cases
3165 Hand Soap	75 cases	180 cases
5913 Waste Basket Liner: small	55 cases	49 cases
7059 Mop Heads	15 each	16 each
8517 Laundry Destainer	30 containers	27 containers
9100 Vacuum Cleaner Belt	04 each	09 each

OUSEKEEPING SUPPLIES AND INVENTORY

M/E May, 199X

ITEM CODE	ITEM DESCRIPTION	UNIT	BEGIN INVENTORY	PURCHASED	END INVENTORY	CONSUMED	MAX PAR	MIN PAR	UNIT PRICE	VALUE ENDING INVENT	VALUE CONSUMED

THINKING ABOUT PERFORMING:

9. What did you do to monitor your performance so that you followed your problem-solving strategies and completed the assignment as accurately as possible? Be as detailed and specific as possible.

DISCUSS YOUR IDEAS: (Use the space below to note ideas that come form the discussion.)

THINKING LIKE A FACILITATOR:

10. Each group will have an opportunity to explain to the rest of the class how they completed one of the items on the list, including where they got all their information, all the math, and all their final figures. Each member of the group should contribute to the presentation.

PERFORMING WORK:
TASK # 12

You have received the following memo:

MEMO

TO: Harriet
FROM: Lisa
DATE: May 14, 199_

Alice, the assistant housekeeper, will be on maternity leave starting June 1, 199_. You have been designated to dispense cleaning ingredients for all room attendants while Alice is on leave.

She will meet with you on May 21, 199_ to show you how to work with the following cleaning products:

SaniMaster III
Fiber Fresh
Wall Guide

Please be familiar with the MSDS reports on these products prior to the meeting on May 21st.

In this TASK, you will prepare for the May 21st meeting on these cleaning products by helping your group prepare for and deliver a presentation on the MSDS report for one of these cleaning products. (Each group will be responsible for a different product.) The presentation should give as much information from the MSDS form as possible about the safe use of the assigned chemical solution.

But as usual, there are some matters to think about and discuss before actually doing the assigned TASK.

LOCATING INFORMATION:

1. Where can you find MSDS reports in your particular departments?

2. Where will you find the MSDS reports for these products in this class?

DISCUSS YOUR IDEAS: (Discuss these questions with the class. Use the space below for notes from the class discussion.)

Since you have already had the opportunity to study MSDS reports in TASK 07, you will not be specifically asked about the **BEFORE- AND DURING-READING THINKING STRATEGIES** you intend to use. Refer back to TASK 07, questions 1, 2, 3, 4, and 5 for a refresher on these **STRATEGIES**. Questions will be asked, however, on your choice and use of **AFTER-READING THINKING STRATEGIES.**

3. What **AFTER-READING THINKING STRATEGIES** will you use to prepare for your presentation and how will you use these **STRATEGIES**?

DISCUSS YOUR IDEAS: (Discuss this question with the class. Note in the space below any new ideas that come from the discussion.)

PREPARE YOUR PRESENTATION:

Your facilitator will divide the class into groups and assign the product on which your group will make its presentation. As each group prepares for its presentation, all group members should be aware of the effectiveness of the **AFTER-READING THINKING STRATEGIES** that were used. After each group has completed its preparation but before the actual presentation, it should answer the following questions:

4. Explain in detail how you actually used **AFTER-READING THINKING STRATEGIES** to complete your preparation for the presentation.

5. Evaluate whether these strategies were effective.

DISCUSS YOUR IDEAS: (Discuss the last two questions with the class. Note any new ideas that came from the discussion in the space below.)

MAKE YOUR PRESENTATION:

Each group will now give its presentation on its assigned product.

EVALUATE THE PRESENTATIONS: After all the presentations are completed, the class will evaluate each group's presentation as to the content only, not on presentation skills. In other words, was sufficient information presented in an orderly manner so that everyone could understand it?

PERFORMING WORK:
TASK # 13

BRAINSTORMING:

1. Your facilitator will guide you in a brainstorming session, the purpose of which is to develop as many **AFTER-READING THINKING STRATEGIES** as possible.

ANALYZING:

2. After the list has been developed, your facilitator will guide you in analyzing each entry on the list. The analysis should determine (1) whether the entry should be included in a final list, (2) suggestions for rewording if necessary, and (3) a short description of how the strategy can be used. You should be able to support each decision in each of these three categories.

DISCOVERING RELATIONSHIPS:

3. Your facilitator will divide the class into groups. Each group is to take the chart of **BEFORE- and DURING-READING THINKING STRATEGIES** compiled in TASK 09 and the list of **AFTER-READING THINKING STRATEGIES** compiled in answer to question 2 above and put them into a chart. Try to have the chart show the relationship, if any, between the **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES.**

DISCUSS YOUR IDEAS: (Each group will present its chart to the rest of the class, explaining and support the relationships between **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES** it discovered and how its chart shows those relationships.

PERFORMING WORK:
TASK # 14

READ ACTIVELY:

So far in this course, we have concentrated on reading to help us perform work. In this exercise, we will concentrate on the listening skills that will help us perform our work. The facilitator will act as a person making a request and read to you various requests. But before we start, let's think.

THINKING ABOUT LISTENING:

1. How does listening differ from reading?

2. What are the skills you learned in reading that can be used in a listening situation?

3. What are the skills used in reading that you cannot use in a listening situation?

4. List some new skills that are used only in listening.

5. Collect here all the listening skills that you can think of.

DISCUSS YOUR IDEAS: (Discuss as a class your ideas about the five questions above. Note any new ideas that arise in the discussion in the space provided below.)

LISTEN ACTIVELY:

Your facilitator will read to you, one at a time, some of the oral requests or instructions that are made in various departments. For the first two activities, the facilitator will read a request or instruction and then ask members of the class to orally (1) summarize what was said, (2) respond to the person making the request, and (3) determine what to do to meet the request or instruction. (The space provided is for notes you might want to take.)

6.

7.

For the next three activities, the facilitator will telephone to the classroom and relay a request to a designated participant. The participant who takes the request will then convey that request to the rest of the participants. All the participants will then write their summary, response, and action plan in the space provided below.

8. Summarize the request:

What will you respond to the requestor?

What will you do?

9. Summarize the request:

What will you respond to the requestor?

What will you do?

10. Summarize the request:

What will you respond to the requestor?

What will you do?

DISCUSS YOUR IDEAS: (Now discuss your responses to questions 8 through 10 as a class.)

THINKING ABOUT LISTENING AND SOLVING PROBLEMS:

11. List some of the skills you used to listen to the requests.

12. List some of the skills you used to respond to the people making requests.

13. List some of the skills you used to solve the problems.

DISCUSS YOUR IDEAS: (Discuss your answers to the last three questions with the class and develop three charts: (1) A Listening Skills Chart, (2) A Responding-to-Requests Skills Chart, and (3) A Solving-Requests Chart.)

THINK LIKE A FACILITATOR:

14. Develop at least one departmental request for presentation to the class, asking for the class' response and the action they propose to be taken.

PERFORMING WORK:
TASK # 15

In this TASK, you will continue to transfer the **SKILLS** and **STRATEGIES** you discovered to help you read better to help you to listen and perform better. In addition, you will use some of those same skills to help you to learn better.

LISTENING, WATCHING, DOING, READING, AND LEARNING:

The situation in this TASK is learning how to safely and effectively operate a fire extinguisher. You will see a slide show on the subject, see a demonstration, read the instructions, and operate a fire extinguisher. And, as always, you will **THINK** about and **EVALUATE** your experience.

LISTENING AND WATCHING:

1. The Rouss Fire Company will show a slide show of the proper operation of a fire extinguisher. Listen carefully and take notes that will assist you in operating a fire extinguisher safely and effectively.

2. The Rouss Fire Company will demonstrate the use of a fire extinguisher. Watch carefully and take notes that will assist you in operating a fire extinguisher safely and effectively.

2A. Note any differences between what you *heard* during the slide show and what you *noticed* while watching the demonstration about the operation of the fire extinguisher.

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DOING:

3. After the opportunity you had to actually operate the fire extinguisher, write, in your own words, the steps you used to operate the fire extinguisher. These steps should be based on *your personal experience* with the operation of the extinguisher.

3A. Note any differences between what you *heard* during the slide show, what you observed while watching the demonstration, and what you learned with your "hands on" experience about the operation of a fire extinguisher.

4. Read the instructions for fire extinguisher operation that are provided in your ***Learner's Resource Manual.***

4A. Analyze the effectiveness of the written operating instructions in light of what you *heard* during the slide show, what you *noticed* during the demonstration, and what you *learned* from operating the extinguisher yourself.

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LEARNING:

5. Based on your personal experience with listening, watching, doing, and reading, about operating a fire extinguisher, what was the most effective way for you to learn how to use the fire extinguisher? Support your conclusion with the specific facts.

6. When you are presented with a learning situation in which just one training method (lecture, demonstration, reading, or performing) is used, what can you do to get the most from the learning situation?

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PERFORMING WORK:
TASK # 16

READ ACTIVELY:

This activity is the first in a series that explores reading, thinking, and problem-solving from a different perspective. Up to this point, you have participated in activities that helped you develop your individual reading, thinking and problem-solving skills to help you perform your own work better. These next activities will help you to use these skills to suggest changes to the workplace material itself so that your work area and/or department can work more efficiently and cooperatively.

Reading, and thinking, and problem solving from this new point of view is called **HIGH-PERFORMANCE THINKING**. As used in this course, the term **HIGH PERFORMANCE** in the workplace means a system of management which allows all employees to take more responsibility for their work and encourages employees to make suggestions for changing work routines so that the whole organization provides the highest quality service as efficiently as possible.

So a **HIGH-PERFORMANCE** employee not only tries to improve his or her individual performance according to the systems already in place, but also looks at the system itself to suggest changes and modifications.

This TASK and the next explore some preliminary steps to **HIGH-PERFORMANCE THINKING**. This TASK helps you make the connection between reading skills and performance skills; TASK 17 starts you thinking about your work from an organization-wide perspective.

BRAINSTORMING CONNECTIONS:

1. This TASK will explore the relationship between the class's **BEFORE-, DURING-, and AFTER-READING THINKING STRATEGIES** chart developed in TASK 13 and the strategies you might use while you perform a physical task like cleaning a room, fixing a car, or preparing a meal. Using the **BEFORE-, DURING-, AND AFTER-READING THINKING STRATEGIES** you developed in the chart for TASK 13, your facilitator will conduct a brainstorming session in which you and your classmates will explore ways in which those **READING STRATEGIES** can be used as **BEFORE-, DURING-, AND AFTER-PERFORMANCE THINKING STRATEGIES**.

Don't forget, we are not talking about **HIGH PERFORMANCE** yet. This exercise is asking whether you can use the reading strategies you have developed previously to help you perform your individual work better. This activity is similar to TASK 14 where you were asked to make connections between reading and listening skills and to TASK 15 where you explored the connections between listening, watching, doing, reading and learning. The purpose of this brain-storming session is to develop as many ideas possible -- don't overlook the fact that you should work for quantity of ideas at this point. Use the space below to write down the complete list of the possible reading-to-performance connections.

ANALYZING AND ORGANIZING CONNECTIONS:

2. Your facilitator will divide you into three groups. One group is only responsible for **BEFORE-PERFORMANCE THINKING STRATEGIES**, another only responsible for **DURING-PERFORMANCE THINKING STRATEGIES,** and the third group only responsible for **AFTER-PERFORMANCE THINKING STRATEGIES**. Each group is to review and analyze the brainstormed list of reading-to-performance connections from question 1, above, and determine which are applicable to its assigned strategy.

   Using the applicable portions of the brainstormed list as a starting point, each group will (1) discuss whether to add to, modify, and/or delete any performance strategies and (2) develop as complete a chart as possible for the **BEFORE-, DURING-, or AFTER-PERFORMANCE THINKING STRATEGIES** the group was assigned. All members of the group should be able to support each of the performance strategies chosen and be able to explain how the performance strategy works.

PRESENT YOUR IDEAS: Each group will present its chart of the assigned strategies to the rest of the class; explain why they choose the **PERFORMANCE THINKING STRATEGIES** that they did, and explain how each of the strategies would work in practice. Note your reactions to the presentations in the space provided below.

3. Your facilitator will lead you in a class activity in which the whole class develops one big chart that incorporates the three individual **BEFORE-, DURING-, AND AFTER PERFORMANCE THINKING STRATEGIES** charts. This over-all performance chart should also try to show the relationships between the **BEFORE-, DURING-, AND AFTER PERFORMANCE THINKING STRATEGIES**, similar to what exercise developed in question 3, in TASK 13.

PERFORMING WORK:
TASK # 17

As indicated in the introduction to the previous TASK, this activity is another preliminary exercise that will prepare you for **HIGH-PERFORMANCE THINKING**. Here the emphasis will be on gaining a company-wide perspective for you an an individual and for the department in which you work.

BRAINSTORMING:

Your facilitator will divide the class into groups which contain all participants from the same department. The participants who don't have others from the same department in the class will work alone initially.

1. Each group (including the "groups" of one!) will brainstorm all the functions the department performs. Don't forget, work for quantity of ideas! You will have the opportunity to analyze and organize the functions later.

DEVELOPING A DEPARTMENTAL FUNCTION CHART:

2. Each group will now analyze the brainstormed list of functions its department performs and organize them first into a hierarchy (major function and the individual tasks that make up the major functions) and then into a visual representation that shows the connections and relationships among the organized functions and tasks. Be creative in developing your visual representation!

DISCUSS YOUR CREATIONS: Each group (or individual) will present their visual representation to the rest of the class and will be prepared to explain and discuss not only the chart but also the work of the department. Note below what you learned about a department other than your own from the class discussion.

DEVELOPING AN ORGANIZATIONAL FUNCTION CHART:

3. Now all of the groups will come together and devise a way to place the individual department charts together to form a chart of the whole organization. You are also required to include in your organizational chart those departments that are not represented by participants in the class. Again, be creative in developing your visual representation of the whole organization!

4. Bring into the next class meeting some reading material you encounter on the job that presents a particular challenge and has not been read so far in this course.

PERFORMING WORK:
TASK # 18

READ ACTIVELY:

Up to this point, the focus of the TASKS in this course has been to improve your individual READING and PERFORMANCE skills, to do you best work within the system itself. Now the focus of this and the following TASKS will be to have you analyze the procedures and the system themselves to improve the whole organization. You will be asked to reread and analyze some the material in the ***LEARNER'S RESOURCE MANUAL*** for the purpose of making suggestions for improvement. This analysis of work to improve the entire organization is called **HIGH-PERFORMANCE THINKING**.

So let's do some **HIGH-PERFORMANCE THINKING!** But don't forget that an important part of **HIGH-PERFORMANCE THINKING** is that the explanations and reasons for your suggestions are as important as the suggestions themselves. All the work you have done up to this point to support answers with explanations has been training you to be **HIGH-PERFORMANCE THINKERS**.

HIGH-PERFORMANCE THINKING STRATEGIES:

1. In the TASKS that follow this one, you will be asked to evaluate the reading material (all of which you have previously read) from the point of view of how the directions or forms can be improved to supply better information to the person using them. In small groups, list some of the **HIGH-PERFORMANCE** strategies that you will use to perform this kind of thinking.

DISCUSS YOUR IDEAS: Discuss your **HIGH-PERFORMANCE THINKING STRATEGIES** with the rest of the class. Write down in the space below the list of **HIGH-PERFORMANCE THINKING STRATEGIES** the class comes up with.

READ ACTIVELY:

Your facilitator will divide the class into groups. Find in your ***LEARNER'S RESOURCE MANUAL*** the Maintenance Request Form and the directions. Each group should review the form and directions for the purpose of suggesting **HIGH PERFORMANCE** changes or modifications to the form using your **HIGH-PERFORMANCE THINKING STRATEGIES** you developed above. Then answer the following questions:

2. In your work group, list all the changes and modifications you would make to the form. State the reasons for each of the proposed changes.

CHANGE/MODIFICATION	REASON

DISCUSS YOUR CHANGES: Each group should present its suggested changes or modifications to the class, the proposed new form, and the reasons for the changes. List the changes everyone agrees upon in the space below.

Reading and Reasoning
Learner's Resource Manual

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JOB DESCRIPTION

JOB TITLE: FLOOR CREW **DEPARTMENT:** ENVIRONMENTAL SERVICES
Reports To: DIRECTOR, EVENING MANAGER, SUPERVISOR

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)
1) Previous floor crew experience preferred.
2) Must be comfortable working in all areas of the hospital.
3) Must be able to work weekends and holidays.
4) Must be able to work on a large team.

TEMPERAMENT:

Must be able to maintain a positive attitude under pressure and stress.

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
20%	C.A.R.E •Courtesy - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. •Attitude - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. •Respect - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. •Enthusiasm - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE DATE: 15 May 92
REVISION DATE:
REVIEW DATE:
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Page 2

Job Title: FLOOR CREW

Percentage	Responsibility Area and Performance Standards	Performance Rating			
		1	2	3	4
		Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
15%	**QUALITY CONTROL** -Will demonstrate the proper performance of all procedures used on a daily basis to complete assigned duties. -Will maintain an 85% quality rating on all room and area inspections. -Will maintain at least an average rating on all guest interviews. -The area of responsibility is a source of pride to the employee and staff. -The housekeeper will complete all duties in his/her assigned area on a daily basis. -Employee demonstrates good time management.				
15%	**CARPET CARE** -Will vacuum all carpeted areas in his/her assigned area on a daily basis. -Will damp buff all carpeted areas in his/her assigned area on a monthly basis. -Will demonstrate the proper procedures for preventive, corrective, and salvage operations on carpets. -Will demonstrate the proper use, care, and maintenance of all equipment used to perform carpet care procedures.				

Page 3

Job Title: FLOOR CREW

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
15%	**HARD SURFACE FLOOR CARE** -Employee will dry mop and wet all hard surface floors, including stairwells on a daily basis. -Employee will buff/burnish all hard surface floors in his/her area on a weekly basis. -Employee will demonstrate the proper use, care, and maintenance of all equipment used to perform hard surface floor care procedures. -Employee will demonstrate the proper use, applications, and dilution rates of all cleaning products used to perform hard surface floor care procedures.				
10%	**TRAINING** -Employee is fully cross-trained to perform any duty under a housekeeper's responsibility as defined in the cleaning procedures. -Employee is trained at least once a year in the following areas: A) Hazardous materials B) Right-to-know C) Infection control/Universal precautions D) Electrical/Equipment safety E) Isolation procedures F) Fire safety/Disaster drills G) Body mechanics -Employee will complete retraining every six months. -Employee can demonstrate proper use of all personal protective equipment.				

Page 4

Job Title: FLOOR CREW

Percentage	Responsibility Area and Performance Standards	Performance Rating			
		1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
15%	INFECTION CONTROL -Employee follows universal precautions during all cleaning procedures. -Employee can demonstrate the proper procedure to be followed when handling sharps and their disposal. -Employee can demonstrate the proper procedure used in handling soiled/infectious linen. -Employee can demonstrate the proper procedure used in handling solid/infectious waste and their disposal. -Employee can demonstrate the proper use of all personal protective equipment and their applications.				
5%	MOVING AND STORAGE -Employee can properly identify all the procedures pertaining to the moving of offices and furniture, bed storage, and Windy Hill items.				
5%	DISASTER CLEAN-UP -Employee follows proper universal precautions. -Employee wears proper personal protective equipment during all flood/disaster clean-ups. -Employee can demonstrate the proper procedures and equipment used in disaster control and clean-up.				
	PERFORMS OTHER RELEVANT DUTIES AS REQUIRED. COMPLETES REQUIRED INSERVICE TRAINING ON SCHEDULE.				

JOB DESCRIPTION

JOB TITLE: HOUSEKEEPER **DEPARTMENT:** ENVIRONMENTAL SERVICES
Reports To: DIRECTOR, EVENING MANAGER, SUPERVISOR

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)

1) Previous housekeeping experience in an institutional setting preferred.
2) Must be able to work weekends and holidays.
3) Must be able to work as part of large team.
4) Must be comfortable working in large areas of a hospital.

TEMPERAMENT:

Must be able to maintain a positive attitude under pressure and stress.

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
20%	C.A.R.E ·Courtesy - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·Attitude - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·Respect - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·Enthusiasm - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE DATE: 15 May 92 REVISION DATE: REVIEW DATE: JDFORM

Page 2

Job Title: HOUSEKEEPER

Percentage	Responsibility Area and Performance Standards	Performance Rating			
		1	2	3	4
		Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
15%	**QUALITY CONTROL** -The housekeeper will demonstrate the proper performance of all cleaning procedures. -The housekeeper will demonstrate the proper use and application of all cleaning products. -The housekeeper will maintain an 85% quality rating on all room and area inspections. -The area of responsibility is a source of pride to the employee and staff. -The housekeeper will maintain at least an average rating on all guest interviews. -The housekeeper will complete all duties in his/her assigned area during a scheduled shift. -Employee demonstrates good time management.				
15%	**PATIENT ROOM CLEANING** -Completes the proper method of cleaning in all patient rooms on a daily basis. -Completes the cleaning of all TLC's, galleys, soiled holding, clean holding, and equipment rooms on a daily basis. -Properly completes the cleaning of a patient room in 25 minutes or less. -Properly completes the cleaning of a discharge room in 40 minutes or less. -Completes all detail work such as window cleaning, vents, ledges, and doors on a weekly basis. -Demonstrates the proper procedure for linen removal and transport. -Demonstrates the proper procedure for waste removal and transport.				

Page 3

Job Title: HOUSEKEEPER

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
15%	**CLINICAL AREA CLEANING** -Demonstrates the proper cleaning procedures for each individual clinical area. -Completes the cleaning of all assigned departments on a daily basis. -Properly completes the cleaning of all offices, ancillary and public areas on a daily basis.				
15%	**TECHNICAL KNOWLEDGE** -Employee can demonstrate the proper use, application, and dilution rate of all cleaning products. -Employee can demonstrate the proper use and care of all cleaning equipment. -Employee can explain the proper procedures of all methods of cleaning and all applicable systems. -Employee can explain the proper procedures to be followed during a fire drill or any other disaster. -Employee is fully cross-trained to perform any duty under a housekeeper's responsibility as defined in the cleaning procedures. -Employee is trained at least once a year in the following areas: A) Hazardous materials B) Right-to-know C) Infection control/Universal precautions D) Electrical/Equipment safety E) Isolation procedures F) Fire safety/Disaster drills G) Body mechanics				

Page 4

Job Title: HOUSEKEEPER

		Performance Rating			
		1	2	3	4
Percentage	Responsibility Area and Performance Standards	Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
20%	**INFECTION CONTROL** -Employee follows universal precautions during all cleaning procedures. -Employee can demonstrate the proper procedure to be followed during all isolation cleaning. -Employee can demonstrate the proper procedure used in sharps removal. -Employee can demonstrate the proper procedures to be followed when handling infectious linen. -Employee can demonstrate the proper procedure to the collection, bagging, handling, and disposal of infectious waste. -Employee can demonstrate the proper use of all personal protective equipment and their applications.				
	PERFORMS OTHER RELEVANT DUTIES AS REQUIRED. COMPLETES REQUIRED INSERVICE TRAINING ON SCHEDULE.				

JOB DESCRIPTION

JOB TITLE: Tray Service Aide DEPARTMENT: Nutrition Services
Reports To: Food Service Supervisor

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)
- High School diploma or equivalent preferred.
- Ability to follow oral and written instructions and established procedures.
- On the job training.

TEMPERAMENT: This job requires a person who is a team player and who has a cooperative personality, exhibits a positive attitude and communicates effectively with all levels of staff and patients.

		Performance Rating			
		1	2	3	4
Percentage	Responsibility Area and Performance Standards	Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
See pg. 5	C.A.R.E ·**Courtesy** - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·**Attitude** - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·**Respect** - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·**Enthusiasm** - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE DATE: 5-15-92
REVISION DATE: 5-15-92
REVIEW DATE:
JDFORM

Page 2

Job Title: Tray Service Aide

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
	1.) PERFORMS TRAYLINE AND LATE TRAY DUTIES MAINTAINING ESTABLISHED DEPARTMENT POLICIES AS ASSIGNED. A.) Consistently understands and follows instructions and assignments to perform any trayline position. B.) Maintains accurate and current records on a daily basis (late tray records, tube feeding, food temperatures, 4 floor supply records). C.) Follows menu for regular and modified diets to assemble trays neatly and accurately (portion control). D.) Consistently wears hair covering, gloves, clean uniform and practices personal hygiene. E.) Consistently leaves work area clean and neat. F.) Operates equipment necessary to perform duties as assigned. G.) Consistently follows established procedures for "late trays".				
	2.) PERFORMS TRAY PICK UP DUTIES AS ASSIGNED. A.) Picks up trays in a timely manner. B.) Always knocks on the patients door before entering. C.) Consistently observes NPO signs and follows appropriate procedures. D.) Follows infection control procedures for tray delivery. E.) Follows established procedures for bringing back patient menus as appropriate. F.) Always greets and responds to the patient in pleasant/kind manner. G.) Consistently parks serving carts with regard to safety guidelines.				
	3.) PERFORMS DISHROOM DUTIES AS ASSIGNED. A.) When assigned, performs any of the tasks involved in dishwashing/cleaning operations in a timely manner according to department procedures. B.) Follows procedures for sorting, pre-rinsing all utensils appropriately. C.) Operates equipment necessary to perform duties as assigned. D.) Collect, process and dispose of trash, cans, bottles, and similar debris and transport to disposal area as needed. E.) Consistently leaves work area clean and neat. F.) Periodically monitors temperature gauges and checks soaps and solutions used as needed and takes temperatures during meal periods.				

Page 3

Job Title: Tray Service Aide

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
	4.) PERFORMS NON-ROUTINE SANITATION AND CLEANING DUTIES AS ASSIGNED. A.) Performs cleaning assignments thoroughly as assigned. B.) Checks off assignments completed on list and return to supervisor.				
	5.) PERFORM DUTIES IN COMPLIANCE WITH SAFETY, SANITATION AND INFECTION CONTROL. A.) Adheres to established procedures regarding safety, sanitation and infection control while performing assigned duties daily. B.) Follows safety rules consistently. C.) Knows and can state correct fire safety (code red) procedures. D.) Keeps work area clean, neat and organized daily. E.) Practices good personal hygiene and wears appropriate uniform daily.				
	6.) PERFORMS POTS AND PANS AND CLEANING DUTIES AS ASSIGNED. A.) Consistently scrapes, scours, rinses posts and pans, utensils or equipment. B.) Washes pots and pans thoroughly leaving no signs of grease, food, or other residue. C.) Performs assigned cleaning duties as needed. D.) Consistently leaves work area clean and neat. E.) Removes and disposes of trash as needed.				
	PERFORMS 10-2-HS NOURISHMENT TUBE FEEDING DUTIES AS ASSIGNED. A.) Consistently follow established procedures to prepare and deliver appropriate between meal nourishments and/or tube feedings as assigned or needed. B.) Maintain clean sanitary equipment, utensils, and work area daily. C.) Keep accurate records of tube feeding usage daily. D.) Communicate patient comments with Dietitian as appropriate. E.) Keep supervisor informed of work progress.				
	PERFORMS SUPPLY AIDE DUTIES AS ASSIGNED. A.) Stocks each galley with supplies as ordered daily according to established routine. B.) Records accurately amount of supplies taken to the floors.				
	Performs Other Duties As Required				

Page 4

Job Title: Tray Service Aide

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
	COMPLETES REQUIRED INSERVICES ON SCHEDULE				

TRAY SERVICE AIDE PERCENTAGES

		TS Aide	Nrsh. Aide	Supply Aide	Pots & Pans
1.	C.A.R.E.	10%	10%	10%	5%
2.	Trayline/Late Tray Duties	20%	15%	20%	
3.	Tray Pick-up From Floors	20%	5%	10%	
4.	Dishroon	20%	5%		
	Pots/Pans/Cleaning/Trash Disposal	5%			75%
5.	Sanitation/Cleaning (non-routine)	10%	5%	5%	10%
6.	Safety, Sanitation, Infection Control (routine)	15%	5%	5%	10%
7.	10/2/8HS Nrsh./TF		55%		
8.	Supply Aide			50%	

PHYSICAL JOB REQUIREMENTS

Job Title: [illegible] Department [illegible]

Please check and/or complete the appropriate physical requirements required to perform this job.

Vision

Y Must be able to visually identify and discern printed words on either typewritten pages or computer screen.
X Must be able to identify and differentiate colors.
✓ Must have depth perception within normal ranges.

Hearing

Y Must be able to respond to spoken words and other auditory sounds including the ringing of telephone or beepers and monitors.
Y Must be able to respond and communicate orally by telephone.

Lifting

____ Must be able to bend, reach and lift patients with assistance to transport them to stretchers/wheelchairs.
____ Heavy lifting required (over ____ pounds occasionally and ____ pounds repetitively from ground level to shoulder height).
Y Must be able to push and maneuver carts/stretchers/space saver loaded with weights of 125 pounds.

Tools and Equipment

____ Must be able to maneuver ____ (weight) ____ (tool, describe) ____ (length of time in shift)
____ Must be able to handle power tools for ____% of an 8 hour shift.
Y Must be able to use, operate and interpret information from equipment in work area.

Speech

X Must be able to verbally communicate in the English language directly and over the telephone and be understood

Range of Motion

____ Must be able to climb (ladders and such) and be able to reach and balance from the ladders.
____ Must be able to kneel or squat for 70%-80% of an 8 hour shift.
____ Must be able to walk continually for 2-3 hours.
X Must be able to stand for 8 hours straight.
Y Must have mobility of all parts of the body, walking, bending, lifting, reaching above head and use of hands.
X Speed, ability to work at a fast pace: ____ (activity), ____ (measured requirement), ____ (machinery or equipment used)
____ Must have manual dexterity, fine motor skills (typing, computer, etc.)

Working Conditions

____ May be required to work near or with voltages (up to 480 volts AC).
____ May have to work in hot (over 90 degrees F) or cold (under 20 degrees F) environment.
____ Must be able to work under stress.
____ May work in areas where noise level exceeds ____ db.
____ Must be able to work overtime (and some employees work rotation or call schedules).
x Must be able to work a rotating shift.
____ Must be able to work "on call."
____ Some tasks may require sitting for ____% of the work day.
____ Must be able to deal with verbally and physically combative patients.
X Must be able to stand and/or mobilize by walking for 100% of an 8 hour shift.
____ Must be able to work out of doors in varying types of weather.
____ Must be able to utilize or wear protective equipment or apparel in accordance with OSHA standards and work within confined spaces.

Mental Capacity

____ Must have mental capacity to fulfill the requirements of the job including problem solving, logic, communication and numerical calculations.
X Must be able to read and understand written instructions in English.
Y Accurate recall and memory.
X Must be able to use judgment in making decisions and choices.
____ Ability to analyze numbers and make basic mathematical calculations.

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JOB DESCRIPTION

JOB TITLE: PAINTER DEPARTMENT: ENGINEERING
Reports To: CARPENTRY / PAINTING SUPERVISOR

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)
Shall have a high school diploma, or G.E.D. Shall have experience in the construction or remodeling field. Shall be knowledgeable of building integrity and the use of same in maintaining the hospital setting. Must be able to read and understand applicable codes, State requirements, NFPA, JCAHO, and OSHA regulations as related to the health care facility.

TEMPERAMENT:
Must have a pleasant personality even when dealing with stressful situations. Must be able to work well with all co-workers and the general public.

		Performance Rating			
		1	2	3	4
Percentage	★ Responsibility Area and Performance Standards	Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
20%	C.A.R.E ·**Courtesy** - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·**Attitude** - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·**Respect** - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·**Enthusiasm** - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE
DATE: 15 May 92

REVISION
DATE:

REVIEW DATE:

JDFORM

Page 2

Job Title: PAINTER

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
	FUNCTION: PERFORMS A VARIETY OF DUTIES IN AND AROUND THE MEDICAL CENTER COMPLEX. PREPARES ROOMS/AREAS FOR PAINTING OR WALL PAPER. COMPLETES PAINTING/WALL PAPERING TASKS IN A TIMELY MANNER SO AS NOT TO HAVE PATIENT ROOMS OUT OF SERVICE FOR EXTENDED PERIODS OF TIME. MAY ASSIST WITH THE INSTALLATION OR MAINTENANCE BUILDING SUBSYSTEMS.				
	JOB RELATED INFECTION RISK: AS THE PRIMARY RESPONSIBILITY OF THIS JOB ENTAILS WORKING IN AREAS WHERE INFECTIOUS MATERIALS ARE PRESENT, THE CHANCES OF THIS EMPLOYEE EXPERIENCING OCCUPATIONAL EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIAL IS POSSIBLE.				

Page 3

Job Title: PAINTER

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
50%	PREPARES ROOMS/AREAS FOR PAINTING OR WALL PAPER. COMPLETES PAINTING/WALL PAPERING TASKS IN TIMELY MANNER SO AS NOT TO HAVE PATIENT ROOMS OUT OF SERVICE FOR EXTENDED PERIODS OF TIME. REFINISHES WOOD WORK AS NEEDED WHERE NEEDED. A) Has a working knowledge of procedures, techniques, materials, and equipment used in the maintenance and repair of rooms/areas/buildings. B) Has a working knowledge of hazards and accident prevention when working with mechanical equipment. C) Has the ability to read blueprints and schematics. Has the ability to follow directions. D) Completes preventive maintenance tasks as assigned on time. Maintains preventive maintenance records. Has the ability to use available service manuals to perform preventive maintenance tasks. E) Repairs or assists in the repair or replacement of wood trim, wall paper, damaged drywall, etc. Paints rooms/areas/buildings and/or areas on the grounds as needed to maintain the desired appearance of the medical center. F) Performs related duties and assists other trades with their work. G) Completes work orders and calls satisfactorily with less than a 1% call back rate. H) Maintains a neat and orderly work area with proper storage of tools and equipment. Is held accountable for medical center issued tools. Orders parts, completing all necessary paperwork. I) Adheres to medical policies/procedures with special attention to smoking, timekeeping, breaks, and dress code policies.				

Job Title: PAINTER

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
20%	TRAINING IS AN IMPORTANT FUNCTION OF ANY JOB CATEGORY, AND TO PROGRESS UP THE DEPARTMENTAL ADVANCEMENT LADDER. SOME TRAINING IS ALSO A REQUIREMENT OF VARIOUS REGULATORY AGENCIES. THEREFORE, TO MEET THE STANDARD OF THIS JOB DESCRIPTION THE EMPLOYEE MUST: A) Attend nine (9) department meetings per year. Of these nine meetings the following meetings are required: 1) Annual Fire Inservice 2) Annual Infectious Waste Training 3) Annual Hearing Inservice and annual hearing evaluation 4) Annual Lockout/Tagout Training 5) Annual Back Inservice 6) Annual Spill Prevention Training B) Continued on the job training and training obtained at local educational facilities are encouraged. Use of the medical center continuing education program is approved for job related skill enhancement.				
10%	HANDLES EMERGENCY CALLS AS NEED ARISES. A) Responds to emergency calls from other departments, utilizing good judgment in coordinating repairs with person in charge of other departments. Will strive to courteously complete all tasks given, keeping in mind the objectives of this department. B) Utilizes good judgment when dealing with stressful situations involving patients, public, and other hospital personnel. C) May be subject to emergency calls during off hours.				
	PERFORMS OTHER RELEVANT DUTIES AS REQUIRED. COMPLETES REQUIRED INSERVICE TRAINING ON SCHEDULE.				

PHYSICAL JOB REQUIREMENTS

Job Title: Painter Department 8064

Please check and/or complete the appropriate physical requirements required to perform this job.

Vision

X Must be able to visually identify and discern printed words on either typewritten pages or computer screen.
X Must be able to identify and differentiate colors.
X Must have depth perception within normal ranges.

Hearing

X Must be able to respond to spoken words and other auditory sounds including the ringing of telephone or beepers and monitors.
X Must be able to respond and communicate orally by telephone.

Lifting

___ Must be able to bend, reach and lift patients with assistance to transport them to stretchers/wheelchairs.
X Heavy lifting required (over 50 pounds occasionally and 50 pounds repetitively from ground level to shoulder height).
X Must be able to push and maneuver carts/stretchers/space saver loaded with weights of 100 pounds.

Tools and Equipment

___ Must be able to maneuver ________ (weight) ________ (tool, describe) ________ (length of time in shift).
X Must be able to handle power tools for 20 % of an 8 hour shift.
X Must be able to use, operate and interpret information from equipment in work area.

Speech

X Must be able to verbally communicate in the English language directly and over the telephone and be understood.

Range of Motion

X Must be able to climb (ladders and such) and be able to reach and balance from the ladders.
X Must be able to kneel or squat for 70%-80% of an 8 hour shift.
X Must be able to walk continually for 2-3 hours.
X Must be able to stand for 8 hours straight.
X Must have mobility of all parts of the body, walking, bending, lifting, reaching above head and use of hands.
___ Speed, ability to work at a fast pace: ________ (activity), ________ (measured requirement), ________ (machinery or equipment used).
X Must have manual dexterity, fine motor skills (typing, computer, etc.)

Working Conditions

___ May be required to work near or with voltages (up to 480 volts AC).
X May have to work in hot (over 90 degrees F) or cold (under 20 degrees F) environment.
X Must be able to work under stress.
X May work in areas where noise level exceeds 85 db.
X Must be able to work overtime (and some employees work rotation or call schedules).
X Must be able to work a rotating shift.
___ Must be able to work "on call."
X Some tasks may require sitting for 40 % of the work day.
X Must be able to deal with verbally and physically combative patients.
X Must be able to stand and/or mobilize by walking for 70 % of an 8 hour shift.
X Must be able to work out of doors in varying types of weather.
X Must be able to utilize or wear protective equipment or apparel in accordance with OSHA standards and work within confined spaces.

Mental Capacity

X Must have mental capacity to fulfill the requirements of the job including problem solving, logic, communication and numerical calculations.
X Must be able to read and understand written instructions in English.
X Accurate recall and memory.
X Must be able to use judgment in making decisions and choices.
X Ability to analyze numbers and make basic mathematical calculations.

XI. The Standard

General Industry

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]

Subpart Z—[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8 Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12–71 (36 FR 8754), 8–76 (41 FR 25059), or 9–83 (48 FR 35736), as applicable; and 29 CFR part 1911.

* * * * *

Section 1910.1030 also issued under 29 U.S.C. 653.

* * * * *

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) *Exposure control*—(1) *Exposure Control Plan.* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph(c)(2).

(B) The schedule and method of implementation for paragraphs (d). Methods of Compliance. (e) HIV and HBV Research Laboratories and Production Facilities. (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up. (g) Communication of Hazards to Employees. and (h) Recordkeeping. of this standard. and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination.* (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure:

(B) A list of job classifications in which some employees have occupational exposure. and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance*—(1) *General*—Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible. all body fluids shall be considered potentially infectious materials.

(2) *Engineering and work practice controls.* (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls. personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

① (iii) Employers shall provide handwashing facilities which are readily accessible to employees.

② (iv) When provision of handwashing facilities is not feasible. the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used. hands shall be washed with soap and running water as soon as feasible.

③ (v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water. or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent. recapped. or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

⑲ (A) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

(B) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

⑯ (viii) Immediately or as soon as possible after use. contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant:

(B) Labeled or color-coded in accordance with this standard:

(C) Leakproof on the sides and bottom: and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating. drinking. smoking. applying cosmetics or lip balm. and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

⑳ (x) Food and drink shall not be kept in refrigerators. freezers. shelves. cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing. spraying. spattering. and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

⑦ (xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection. handling. processing. storage. transport. or shipping.

(A) The container for storage. transport. or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored. transported. or shipped. When a facility utilizes Universal Precautions in the handling of all specimens. the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs. the primary container shall be placed within a second container which prevents leakage during handling. processing. storage. transport. or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container. the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

⑥ (xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary. unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

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(B) The employer shall ensure that this information is conveyed to all affected employees. the servicing representative. and/or the manufacturer. as appropriate. prior to handling. servicing. or shipping so that appropriate precautions will be taken.

⑫ (3) Personal protective equipment—(i) Provision. When there is occupational exposure. the employer shall provide. at no cost to the employee. appropriate personal protective equipment such as. but not limited to. gloves. gowns. laboratory coats. face shields or masks and eye protection. and mouthpieces. resuscitation bags. pocket masks. or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes. street clothes. undergarments. skin. eyes. mouth. or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when. under rare and extraordinary circumstances. it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement. the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future.

⑫ (iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves. glove liners. powderless gloves. or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning. Laundering. and Disposal. The employer shall clean. launder. and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard. at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness. at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials. the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage. washing. decontamination or disposal.

⑪ (ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood. other potentially infectious materials. mucous membranes. and non-intact skin: when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D): and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves. shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn. punctured. or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

⑧ (C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However. they must be discarded if they are cracked. peeling. torn. punctured. or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(*1*) Periodically reevaluate this policy:

(*2*) Make gloves available to all employees who wish to use them for phlebotomy;

(*3*) Not discourage the use of gloves for phlebotomy: and

(*4*) Require that gloves be used for phlebotomy in the following circumstances:

(*i*) When the employee has cuts. scratches. or other breaks in his or her skin:

(*ii*) When the employee judges that hand contamination with blood may occur. for example. when performing phlebotomy on an uncooperative source individual: and

(*iii*) When the employee is receiving training in phlebotomy.

⑩ (x) Masks. Eye Protection. and Face Shields. Masks in combination with eye protection devices. such as goggles or glasses with solid side shields. or chin-length face shields. shall be worn whenever splashes. spray. spatter. or droplets of blood or other potentially infectious materials may be generated and eye. nose. or mouth contamination can be reasonably anticipated.

⑬ (xi) Gowns. Aprons. and Other Protective Body Clothing. Appropriate protective clothing such as. but not limited to. gowns. aprons. lab coats. clinic jackets. or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

⑭ (xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g.. autopsies. orthopaedic surgery).

⑮ (4) *Housekeeping.* (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility. type of surface to be cleaned. type of soil present. and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures: immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials: and at the end of the work shift if the surface may have become contaminated since the last cleaning.

⑨ (B) Protective coverings. such as plastic wrap. aluminum foil. or imperviously-backed absorbent paper used to cover equipment and environmental surfaces. shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

⑯ (C) All bins. pails. cans. and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

⑰ (D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means.

such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (*1*) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(*i*) Closable;

(*ii*) Puncture resistant;

(*iii*) Leakproof on sides and bottom; and

(*iv*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(*2*) During use, containers for contaminated sharps shall be:

(*i*) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(*ii*) Maintained upright throughout use; and

(*iii*) Replaced routinely and not be allowed to overfill.

(*3*) When moving containers of contaminated sharps from the area of use, the containers shall be:

(*i*) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(*ii*) Placed in a secondary container if leakage is possible. The second container shall be:

(*A*) Closable;

(*B*) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(*C*) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(*4*) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.(*1*) Regulated waste shall be placed in containers which are:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(*2*) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) *HIV and HBV Research Laboratories and Production Facilities.* (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

⑲ (K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment. (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

⑳ (iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

㉑ (v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up—(1) General.* (i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time thes evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that a laboratory tests are conducted by an accredited laboratory at no cost to the employee.

㉒ (2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to al employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee i immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status:

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

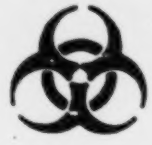
(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

⑮ (g) *Communication of hazards to employees*— (1) *Labels and signs.* (i) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:



BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

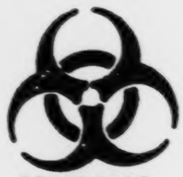
(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs. (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color.

(2) *Information and Training.* (i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

⑰ (iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

⑳ (vi) Material appropriate in content and vocabulary to educational level. literacy. and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) Anaccessible copy of the regulatory text of this standard and an explanation of its contents:

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases:

(C) An explanation of the modes of transmission of bloodborne pathogens:

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan:

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials:

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls. work practices. and personal protective equipment:

(G) Information on the types. proper use. location. removal. handling. decontamination and disposal of personal protective equipment:

(H) An explanation of the basis for selection of personal protective equipment:

(I) Information on the hepatitis B vaccine. including information on its efficacy. safety. method of administration. the benefits of being vaccinated. and that the vaccine and vaccination will be offered free of charge:

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials:

(K) An explanation of the procedure to follow if an exposure incident occurs. including the method of reporting the incident and the medical follow-up that will be made available:

(L) Informa[illegible] on the post-exposure evaluation [illegible] low-up that the employer [illegible] red to provide for the employee [illegible] g an exposure incident:

(M) An [illegible] ation of the signs and labels an[illegible] color coding required by paragraph (g)(1): and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping—(1) Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure. in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee:

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2):

(C) A copy of all results of examinations. medical testing. and follow-up procedures as required by paragraph (f)(3):

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5): and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential: and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) *Training Records. (i) Training records shall include the following information:*

(A) The dates of the training sessions:

(B) The contents or a summary of the training sessions:

(C) The names and qualifications of persons conducting the training: and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability.* (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees. to employee representatives. to the Director. and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee. to anyone having written consent of the subject employee. to the Director. and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h)

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period. the employer shall notify the Director. at least three months prior to their disposal and transmit them to the Director. if required by the Director to do so. within that three month period.

(i) *Dates—(1) Effective Date.* The standard shall become effective on March 6. 1992.

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5. 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

Appendix A to Section 1910.1030—Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

[FR Doc. 91-28886 Filed 12-2-91; 8:45 am]

BILLING CODE 4510-26-M

WINCHESTER MEDICAL CENTER

POLICY CODE NO: A 55
NA61B

TITLE: Universal Blood and Body Fluid Precautions

PURPOSE: To provide guidelines to prevent parenteral, mucous membrane, and non-intact skin exposures of health care workers to bloodborne pathogens.

STATEMENT OF POLICY:

1. Use appropriate barrier precautions to prevent skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials. Other potentially infectious materials (OPIM) include the following: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and any unfixed tissue or organ (other than intact skin) from a human (living or dead) as well as HIV/HBV containing cell or tissue cultures, organ cultures and culture medium and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

   Universal precautions do not apply to feces, nasal secretions, tears, sweat, urine or vomitus unless they contain visible blood. Appropriate protective clothing will be worn when there is a potential for occupational exposure. The type and characteristics will depend on the task and degree of exposure anticipated; the clothing selected will form an effective barrier. The following protective barriers are to be used:

   A. Gloves will be worn whenever hand contact with blood or other potentially infectious materials is anticipated. Gloves are required for performing all vascular access procedures, for contact with non-intact skin or mucous membranes and when handling or touching contaminated items or surfaces.
   B. Gloves must be changed after contact with each patient. Disposable single use gloves such as surgical or exam gloves must not be washed or disinfected for re-use. They will be replaced as soon as practical when contaminated, torn or punctured or when their ability to function as a barrier is compromised. General purpose utility gloves used for housekeeping chores involving potential blood contact and for instrument cleaning must be decontaminated and re-used unless punctures, tears or evidence of other deterioration is present.

APPROVAL
INITIAL TITLE
JG ____President, Winchester Medical Center
____Chairman Infection Control Committee
____President Executive Committee
____Vice President for Nursing
____C of Anesthesia
____D or, Laboratory
____ of Surgery
____Director, Safety
____Chairman, Safety Committee

EFFECTIVE DATE: 9/87
REVISION DATE: 10/31/88; 04/07/92

REVIEW DATE: 10/88; 10/89; 10/90; 4/91; 04/92

Hands must be washed immediately or as soon as feasible after removal of gloves and other personal protective equipment. Antiseptic hand cleansers may be used if handwashing facilities are not available but hands must be washed with soap and running water as soon as feasible.

C. Masks in combination with eye protection devices such as goggles or glasses with solid side shields or chin-length face shields will be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated. If protective eyewear is worn rather than a face shield, the eyewear must be worn in conjunction with a face mask.

D. Gowns, plastic aprons and other protective clothing such as, but not limited to, lab coats and clinic jackets will be worn whenever body exposure to blood or potentially infectious body fluids is anticipated. Reusable protective clothing will be laundered by the Medical Center. If a garment is penetrated by blood or other potentially infectious material, the garment will be removed immediately or as soon as feasible.

Surgical caps or hoods and/or shoe covers or boots will be worn in instances where gross contamination is anticipated.

E. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable sharps are placed in puncture-resistant containers for disposal. Containers are maintained in the upright position and are not to be overfilled. Large bore reusable needles are to be placed in puncture-resistant containers for transport to the reprocessing area.

F. Ventilation devices are available in all patient rooms, in the lower cupboard as you enter the room, should resuscitation be necessary. They are also available in the code carts and other areas as needed throughout the Medical Center.

G. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment.

H. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than other health care workers who are not pregnant; however, if a pregnant woman develops HIV infection during pregnancy, the infant is at increased risk of infection from perinatal transmission. Because of this risk, pregnant workers should be especially familiar with and strictly adhere to precautions to minimize the risk of transmission.

I. Universal precautions do not change waste management and the policy for disposing of infectious waste are stated in Infectious Waste Management Policy.

J. Annual in-service, in which Universal Precautions is included, must be attended by all employees having the potential for occupational exposure to blood or body fluids.

K. Contaminated work surfaces will be decontaminated with Sani-Master Phenolic, 1:10 bleach or other appropriate disinfectant after completion of procedures, or when overtly contaminated with blood or potentially infectious materials. All reusable bins, pails, cans and similar receptacles which have a reasonable likelihood for becoming contaminated will be inspected and decontaminated on a regularly scheduled basis and whenever visibly contaminated.

L. Blood/potentially infectious body fluid spills: Appropriate protective clothing must be worn which may include gloves, gowns, mask, eye protection, surgical caps, hoods and shoe covers or boots depending upon the nature of the spill.

1. Carpets: Notify Housekeeping. Small spills (less than 2 ounces of liquid) will be cleaned with Sani-Master Phenolic. Spills greater than 2 ounces will be cleaned with Sani-Master Phenolic followed by extraction. Use of bleach (1:10) should be used on major blood spills only after consultation with Housekeeping or Infection Control.
2. Non-porous surfaces (floors): Sani-Master Phenolic will be used to clean blood spills according to the manufacturer's instructions.
3. Contaminated broken glassware is not picked up directly with the hands. A mechanical means is used. Contaminated broken glass is disposed of as other sharps.

M. All equipment and environmental surfaces will be decontaminated with an appropriate disinfectant immediately or as soon as possible after contact with blood or other potentially infectious materials. Any equipment likely to be contaminated will be examined by the user prior to servicing or shipping and will be decontaminated as necessary. If it is not possible to decontaminate, a readily observable label with biohazard symbol will be attached, stating which portions remain contaminated.

References:

1. MMWR Supplement Recommendations for Prevention of HIV Transmission in Health Care Settings: August 21, 1987, Vol 36, No. 25.
2. CDC Update: Universal Precautions for Prevention of Transmission of HIV, HBV, and other bloodborne Pathogens in Health Care Settings. MMWR 1988; 37: 77-82, 87-88.
3. Federal Register: OSHA Standards on Bloodborne Pathogens; December 6, 1991. Vol 56, No 235: 64089-64182.

WINCHESTER MEDICAL CENTER, INC.
MAINTENANCE WORK REQUEST

Line 1 -----	*block 1* DATE / /	*block 2* DATE REQD. / /	*block 3* DEPT. #
Line 2 -----	*block 1* EQPT. #	*block 2* REQUESTOR	
Line 3 -----	*block 1* JOB LOCATION		
Lines 4-12 -----	JOB DESCRIPTION:		

H S L

C.O.#

Explanation for *Maintenance Work Request Form*

Line 1, block 1:	The date that the work request form is filled out.
Line 1, block 2:	The date by which the repair work should be completed.
Line 1, block 3:	The department number of the requesting department.
Line 2, block 1:	If applicable, the WMC Equipment number.
Line 2, block 2:	Name of the person completing the form.
Line 3, block 1:	The specific place where the maintenance is required.
Lines 4-12:	Explanation of work to be completed.

Note: The last line of the *Maintenance Work Request Form* that contains "HSL and the C.O.#" is for use by the Engineering Department.

Winchester Medical Center
Department Listing

Cost Center	Department	Head	Phone
121105	Medical Office Building	R. Groundwater	8022
6018	Unit Secretary Training	J. Borg	
6025	3 East/Medical Telemetry	P. Milburn	8392
6032	Orthopedics	A. Craddock	1200
6035	3 West/Surgical Telemetry	P. Milburn	8391
6060	Adult Psychiatry	D. Frentz	8140
6120	Intensive Care Unit	A. Grim	8846
6121	Progressive Care Unit	A. Grim	8837
6140	Cardiac Care Unit	A. Grim	8830
6170	Respiratory Therapy	D. Groff	8941
6252	Decontamination	P. Stebing	8017
7181	Medical Records	P. Strader	8080
8052	Nutrition Services	D. Koch	8110
8053	Cafeteria	D. Koch	6120
8061	Plant Maintenance	G. Price	8046
8076	Security	G. Donovan	8170
8090	Housekeeping	M. Fahringer	8160
8111	Laundry	B. Carter	6135
8371	Personnel	E. Mason	8800

HOUSEKEEPING SUPPLIES AND INVENTORY

M/E March 199X

ITEM CODE	ITEM DESCRIPTION	UNIT	BEGIN INVEN-TORY	PUR-CHASED	END INVEN-TORY	CON-SUMED	MAX PAR	MIN PAR	UNIT PRICE	VALUE ENDING INVENT	VALUE CONSUMED
2040	Facial Tissue: White Accent	case	10	15	16	9	18	10	$ 32.83	$ 525.28	$ 295.47
2045	Facial Tissue: White	case	9	5	6	8	10	7	$ 28.33	$ 169.98	$ 226.64
2054	Toilet Tissue: White	case	14	20	13	21	25	15	$ 30.32	$ 394.16	$ 636.72
2058	Toilet Tissue: Beige	case	9	0	4	5	7	3	$ 31.20	$ 124.80	$ 156.00
3162	Translucent Facial Soap	carton	200	100	150	150	300	200	$ 33.90	$5085.00	$5085.00
3165	Hand Soap	case	350	50	275	125	325	150	$ 23.50	$6462.00	$2937.50
3168	Conditioning Shampoo	carton	250	75	225	100	300	200	$ 21.20	$4770.00	$2120.00
5913	Waste Basket Liner: small	case	51	40	56	35	60	45	$ 17.14	$ 959.84	$ 599.90
5917	Waste Basket Liner: large	case	39	10	24	25	35	25	$ 18.05	$ 433.20	$ 451.25
7059	Mop Heads	each	22	5	12	15	15	7	$ 4.93	$ 59.16	$ 73.95
8510	OAS Degreaser	case	25	4	15	14	20	10	$ 37.92	$ 568.80	$ 530.88
8517	Laundry Destainer	contn	31	18	28	21	35	20	$ 31.11	$ 871.08	$ 653.31
8518	Floor Cleaner	contn	20	03	19	04	35	20	$ 27.50	$ 522.50	$ 110.00
9100	Vacuum Cleaner Belts	each	12	0	9	3	10	10	$ 1.12	$ 10.08	$ 3.36
9245	Furniture Polish	case	20	5	17	8	30	15	$ 38.74	$ 658.58	$ 309.92
9362	Rubber Gloves	dozen	17	0	13	4	15	09	$ 5.99	$ 77.87	$ 23.96

HOUSEKEEPING SUPPLIES AND INVENTORY

M/E April 199X

ITEM CODE	ITEM DESCRIPTION	UNIT	BEGIN INVEN-TORY	PUR-CHASED	END INVEN-TORY	CON-SUMED	MAX PAR	MIN PAR	UNIT PRICE	VALUE ENDING INVENT	VALUE CONSUMED
2040	Facial Tissue: White Accent	case	16	17	21	12	18	10	$ 32.83	$ 689.43	$ 393.96
2045	Facial Tissue: White	case	6	10	7	9	10	7	$ 28.33	$ 198.31	$ 254.97
2054	Toilet Tissue: White	case	13	30	19	24	25	15	$ 30.32	$ 576.08	$ 727.68
2058	Toilet Tissue: Beige	case	4	10	9	5	7	3	$ 31.20	$ 280.80	$ 156.00
3162	Translucent Facial Soap	carton	150	200	175	175	300	200	$ 33.90	$5932.50	$5932.50
3165	Hand Soap	case	275	150	290	135	325	150	$ 23.50	$6815.00	$3172.50
3168	Conditioning Shampoo	carton	225	200	245	180	300	200	$ 21.20	$5194.00	$3816.00
5913	Waste Basket Liner: small	case	56	45	51	50	60	45	$ 17.14	$ 874.14	$ 857.00
5917	Waste Basket Liner: large	case	24	30	32	22	35	25	$ 18.05	$ 577.60	$ 397.10
7059	Mop Heads	each	12	10	8	14	15	7	$ 4.93	$ 39.44	$ 69.02
8510	OAS Degreaser	case	15	12	17	10	20	10	$ 37.92	$ 644.64	$ 379.20
8517	Laundry Destainer	contn	28	15	17	26	35	20	$ 31.11	$ 528.87	$ 808.86
8518	Floor Cleaner	contn	19	8	18	9	35	20	$ 27.50	$ 495.00	$ 247.50
9100	Vacuum Cleaner Belts	each	9	5	8	6	10	10	$ 1.12	$ 8.96	$ 6.72
9245	Furniture Polish	case	17	10	23	4	30	15	$ 38.74	$ 891.02	$ 154.96
9362	Rubber Gloves	dozen	13	0	9	4	15	09	$ 5.99	$ 53.91	$ 23.96

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WINCHESTER MEDICAL CENTER, INC.
EXTERNAL DISASTER PLAN/CODE ORANGE

I. DEFINITION

An external disaster is deemed to exist whenever there is a disparity between an anticipated or actual number of victims, considering severity of injury, and the ability of staff to provide safe care.

LEVEL

A. **MULTIPLE CASUALTY** (Graded Response) - Requires Emergency Department resources beyond what is provided by routine staffing. Involvement of other departments is on an "as needed" basis.

B. **LOCALIZED MASS CASUALTY** - Involves mass casualties in a localized area such as an explosion or plane crash, requiring a coordinated effort by all departments to provide care to victims.

C. **GENERALIZED MASS CASUALTY** (Community Disaster) - Involves mass casualties in a community wide area and/or direct damage to Winchester Medical Center requiring assessment and stabilization within our facility and a coordinated effort by all departments to provide care to victims.

II. AUTHORITY

The President of Winchester Medical Center, Inc. has the absolute authority and responsibility for the disaster plan.

LEVEL A.

The Emergency Department Physician and Charge Nurse on duty determine the need to activate this plan and which specific ancillary department plans should also be activated.

LEVEL B & C.

Activated by the Administrator-On-Call following consultation with the Emergency Department Physician and/or Charge Nurse.

III. MECHANICS OF THE ALERT

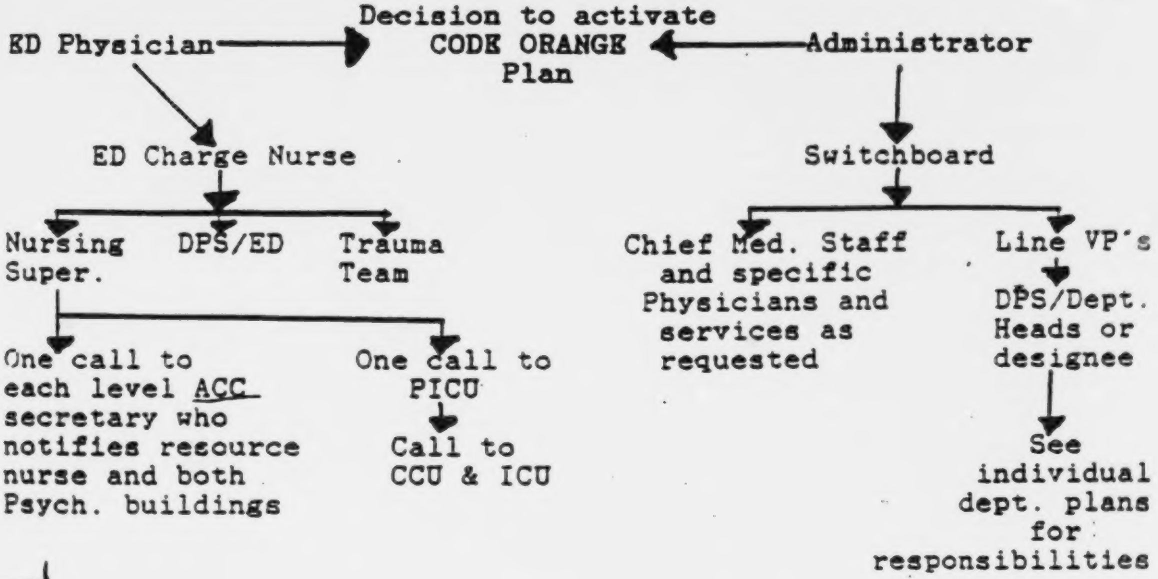
LEVEL A.

(JDB)

Emergency Department, Director of Patient Services/Supervisor and the Administrator-On-Call are notified by the Charge Nurse/designee. The ED Physician and Charge Nurse determine if and when other departments and/or additional ED staff should be called and designate responsibility for that notification (Supervisor, Secretary, NA etc.)

LEVEL B.

The Administrator-On-Call is notified by the ED Physician of the situation and potential number and injury severity of victims. If the decision is made to initiate a CODE ORANGE the following notification occurs.


ED Physician
Decision to activate CODE ORANGE Plan
Administrator
ED Charge Nurse
Switchboard
Nursing Super.
DPS/ED
Trauma Team
Chief Med. Staff and specific Physicians and services as requested
Line VP's
DPS/Dept. Heads or designee
One call to each level ACC secretary who notifies resource nurse and both Psych. buildings
One call to PICU
Call to CCU & ICU
See individual dept. plans for responsibilities

LEVEL C.

If communications have not been disrupted, the same plan will apply as in LEVEL B. In the absence of outside and/or inside communications, runners will be assigned by the Nursing Supervisor/Asst. V.P. of Nursing to notify all departments. As volunteer help arrives they are to report to the COMMAND CENTER for assignment.

IV. COMMUNICATIONS AND CONTROL

LEVEL A.

All communication originates in the Emergency Department.

LEVEL B & C.

THE ADMINISTRATIVE COMMAND CENTER IS ESTABLISHED IN THE MEDICAL STAFF AFFAIRS OFFICE. Ext. 8875

NURSING AND MEDICAL COMMAND IS ESTABLISHED IN THE RADIOLOGY/ RESPIRATORY CLASSROOM. Ext. 6817

ASSIGNMENT OF ALL CALLED IN AND/OR VOLUNTEER STAFF IS MADE FROM THE MEDICAL COMMAND CENTER. (NURSING, MEDICAL STAFF, VOLUNTEERS)

NOTE: EMERGENCY DEPARTMENT PERSONNEL **ONLY** SHOULD REPORT TO THE EMERGENCY DEPARTMENT. **ALL** OTHER PERSONNEL REPORT TO THE MEDICAL COMMAND CENTER FOR ASSIGNMENT.

V. GENERAL DEPARTMENT RESPONSIBILITIES FOR PATIENT TRANSFER OR DISCHARGE

A. Preparation of Receiving Areas

1. All patients on the Mall Level for diagnostic studies and/or therapy will be returned to their rooms as quickly as possible. Outpatients will be discharged if possible or relocated to Inpatient areas.

2. The OR will send non-emergency pre-op patients back to the units.

3. The ED will initiate CODE ORANGE protocol for triage and treatment, (see separate plan).

4. Security assists with escorting patients and visitors from the Mall Level and determines the need to secure building access.

B. Patient Unit Responsibilities

1. Prepare inventory of available beds and assess need to call in extra staff.

2. One secretary each from Levels 2, 4 & 5 reports to the ED. (Temporary assignment until ED Secretaries arrive.)

3. One RN/LPN from each level reports to the Radiology/Respiratory Classroom for temporary assignment to patient receiving areas, if possible.

4. One each: Stretcher, wheel chair, thermometer, BP cuff are brought to the Surgical Waiting Room from each level.

VI. TRIAGE GUIDELINES FOR PATIENT ASSIGNMENT AREA AND STAFFING

PATIENT CATEGORY	LOCATION	PHONE	STAFFING	ASSIGNED BY
1. Existing E.D. Priority 3 patients	Discharged with plans for follow up	8704	-E.D. Physician -E.D. Nurse	E.D. Charge Nurse
2. Existing E.D. Priority 1 & 2 patients	Admit if possible or locate in rooms 1-7	8704	-E.D. Physician -Medical Red Button Attending -E.D. Nurse	E.D. Charge Nurse
3. Priority 1 Disaster victims	E.D. rooms 8-13 including trauma rm. with overflow in pre-op holding and/or PACU	8704	-E.D. Nurses -Physicians	E.D. Charge Nurse
4. Priority 2 Disaster victims	E.D. Annex area (Old MOPS)		-E.D. Nurses -Physicians	E.D. Charge Nurse
5. Priority 3 Disaster victims	Rehabilitation Center-Mall Level (over flow to Surgi-Ctr.)	8090 8934	-Physicians -Staff Nurses	Command Center
6. Priority 4	Morgue		-Physician -Nurse	Command Center
7. Stabilized-Awaiting transfer	A.M. Admit	8760	-Physician -Staff Nurses	Command Center
8. Uninjured victims	Conference Center	6708	-Physicians incl. Psychiatrists/ Psychologists -Staff Nurses	Command Center
			Chaplains, Ministers, Social Workers	Assigned by Command Center where needed

VII. ASSIGNMENT TO NON-PATIENT AREAS

PATIENT CATEGORY	LOCATION	PHONE	STAFFING	ASSIGNED BY
1. Family/Friends of victims	Garden Level Conference Rooms	6111	-Pastoral Care -Social Workers -Volunteers	Command Center
2. Press/Media	Social Services	8190	-Marketing and Public Relations	
3. Children of "Essential" Employees	Child Care Center	8818	-Child Care Center Employees	

NOTE: The above plans are guidelines only. Depending on the unique situation, locations and/or assignments may be changed if deemed appropriate by administrative command and victim triage.

VIII. EMERGENCY DEPARTMENT RESPONSIBILITIES

General Responsibilities:

1. Determine need to consider a CODE ORANGE alert and initiate the process.
2. Prepare to accept incoming casualties.
3. Provide triage for all incoming casualties.
4. Provide treatment to patients triaged to the Emergency Department.
5. Maintain ongoing communication with the command center regarding status and needs.
6. Maintain services to non-disaster E.D. patients who present for treatment during the CODE ORANGE.

Level A:

The E.D. charge nurse/physician determine graded response based on number and injury severity of victims and available E.D. resources.

Responsibility is assigned for:

1. Care and disposition of existing E.D. patients.
2. Notification of additional E.D. staff and D.P.S.
3. Notification of appropriate departments and Administrator On Call (AOC).
4. Triage and care of incoming victims.

IX. LEVEL B & C EMERGENCY DEPARTMENT SPECIFIC RESPONSIBILITIES

ACTIVITY	MEDICAL	NURSING	SECRETARIAL
1. CODE ORANGE Alert	-Receive field info.- scope of disaster -Confer with AOC re: decision to initiate CODE ORANGE -Notify Charge Nurse	-Notify Nsg. Super. #990 -Notify DPS #600 if in house (703) 465-5665 -Medical Director 662-2677 -Trauma Team #600	-Notify Secretarial Supervisor (304) 728-8290
2. Prepare the E.D. for incoming casualties	-Confer with attendings re: patients that need to be admitted -Discharge non-urgent patients -Confer with Charge Nurse re: disaster assignments.	-Facilitate admission and discharge to clear E.D. -Disaster assignments -Triage -Non-disaster patient care -Disaster patients -Clear E.D. of non-essential personnel	-Facilitate admissions and discharges -Disaster assignments -Triage-E.D. Sec. & 2nd Level Sec. -Routine registration -Nurses station-E.D. Sec. & 4th Level Sec. -Staff to be called in 5th Level Sec. -Phone Triage -Check supplies *-Triage Supplies -Downtime slips
3. Triage of disaster victims	-Primary resp. of an E.D. physician to determine priority of care/treatment	-Assists physician -Facilitates transport to assigned treatment area	-Places armband on pt. and downtime chart with field disaster tag -Records requested info. on *log sheet -Sends copies of log sheets to Admin. and Personnel command ctr. -Places valuables of incompetent pts. in envelopes marked with acct. # and disaster tag #

IX. LEVEL B & C EMERGENCY DEPARTMENT SPECIFIC RESPONSIBILITIES - CONTINUED

ACTIVITY	MEDICAL	NURSING	SECRETARIAL
4. Treatment of victims triaged to the E.D.	-Care for patients assigned by the charge nurse	-Care for patients assigned by the charge nurse	-Assist charge nurse with maintaining E.D. log and organization -Order entry and phone calls as indicated
5. Maintain ongoing communication with command center	-As indicated	-As indicated	-NA
6. Maintain services to non-disaster E.D. patients	-Physician assigned to non-disaster triage patient disposition as indicated.	-Assist physician to facilitate triage, treatment & disposition	-Register non-disaster related patients

***Triage Supplies:**

A. Pre-numbered downtime charts with armbands
B. Clipboards
C. Pens
D. Log sheets
E. Valuables envelopes

***Log Sheet Example:** (3 Part NCR Form)

TIME_____FIELD TAG#_____HOSP. ACCT. #______TRIAGED TO:_________NAME (NOT ESSENTIAL)

White: Remains in E.D. **Yellow:** Admin. Command **Pink:** Medical & Nursing Command

X. ELEVATORS

Elevators shall be manned by Engineering, Volunteers and Personnel Department employees to ensure use only for medical purposes. No visitors shall be allowed on the elevators.

XI. EMPLOYEE ASSIGNMENTS

The responsibilities of each hospital unit are detailed in the appendices. Employees are assigned by supervisors in order to fulfill those responsibilities in a swift and accurate manner.

General responsibilities are as follows:

Function	**Responsible Party**
Assigning Personnel	Command Center
Assignment of Triage, Observation, and Treatment Areas	ED Physician on Duty and Charge Nurse
Availability of Supplies	Materials Management, Dispatch/ Distribution, Processing, Laundry, Lab
Armband & Patient No.	ED
Elevator Control	Volunteers, Engineering, Personnel
Media Information	Public Relations
Medical Command	President of the Medical Staff
Notifying Personnel	Switchboard, Department Heads,
Transfer and Discharge Procedures, Patients, and Casualties	President, President of Medical Staff, Attending Physician or Designee
Vehicle Traffic Control	Local Police, Security
Visitor Control	Security, Engineering Personnel

XII. RESPONSIBILITIES BY UNIT- Brief description, for complete description, see appropriate Appendix

Unit	**Function**
Administration	See President
Command Center	Assign Personnel

Department Heads	Ensure appropriate personnel are notified
Dietary - Refreshments and Meals PRN	If not previously assigned, report to Command Center
Emergency Department Nursing Personnel	Place disaster tags, treat victims per protocol
Emergency Department Physicians on Duty	Set up a triage, observation and treatment areas; alert Trauma Team, treat patients
Environmental Services	Assist in transportation, environmental cleaning, etc.
Laboratory	Assure availability of supplies and services
Engineering	1. Access control in all entrances 2. Assure availability of utilities, portable as well as permanent 3. Elevator control
Materials Management, Dispatch/Distribution, Processing	Assure availability of supplies and services
Medical Records	Prepare patient charts
Nursing Supervisor	Move to ED to assume responsibility as stated in plan
Personnel	Report to Medical Command Center
Pharmacy	STAT meds
Physicians	Report to Command Center for assignment; treatment of patients
President	Procedures for transfer and discharge of patient and casualties. Coordinate with President of Medical Staff on medical needs
President of Medical Staff	1. Medical command 2. Transfer and discharge procedures for patients and casualties
Public Relations	Disseminate information to the media
Radiology	STAT X-Rays
Respiratory Services	Life support, airway mgmt. monitoring

Security	1. Access control in all entrances 2. Vehicle traffic control
Switchboard	1. Notify personnel as planned or requested 2. Make announcements as requested
Volunteer/Reception	Messages, discharges, visitor and elevator control

XIII. FIELD SERVICES

Field screening and triage may be performed by the ED personnel and physicians, if determined to be in the best interests of the disaster casualties by the Command Center, President of the Medical Center Staff (or substitute), and ED physician on duty. Otherwise, triage will remain in the ED.

The first Rescue Squad unit on the disaster scene will asses the disaster and keep the ED informed. The hospital Triage Team will be picked up after the initial assessment by another Rescue Squad unit dispatched to the hospital. That unit will not leave the hospital for the disaster scene without the Triage Team.

The makeup of the hospital Triage Team will be coordinated at the time by the ED physician on duty.

At the disaster scene, one area shall be set aside by the first arriving Rescue Squad. That area shall be the working area for the hospital Triage Team. Casualties shall be brought to this area in an order determined by their Triage Tags.

XIV. TELEPHONE NUMBER LIST

Children's Hospital, Washington, DC - (202) 745-5000
City Hospital, Baltimore, MD, Burn & Trauma, (301) 396-5859
City Hospital, Martinsburg, WV - (304) 264-1000
Grant Memorial Hospital, Petersburg, WV - (304) 257-1026
Jefferson Memorial Hospital, Charles Town, WV - (304) 725-3411
Loudoun Memorial Hospital, Leesburg, VA - (703) 777-3300
Medical College of VA, Richmond, VA - (804) 786-9000
Morgan County War Hosp., Berkley Springs, WV (304) 258-1234
Page Memorial Hospital, Luray, VA - (703) 743-4561
PEGASUS - (800) 552-1826
Rockingham Memorial Hosp, Harrisonburg, VA - (703) 433-4100
Shenandoah County Mem. Hosp., Woodstock, VA (703) 459-4021
STAR Center, Washington Hosp. Ctr. Wash., DC - (202) 877-7000
Surgi-Center of Winchester, Winchester, VA - (703) 665-5300
University of MD Shock Trauma Ctr., Baltimore, MD (301) 528-6294
University of VA Trauma Ctr., Charlottesville, VA (804) 924-0211
VA Center (Baker Center), Martinsburg, WV - (304) 263-0811
Warren Memorial Hospital, Front Royal, VA - (703) 636-6101
Washington County Hospital, Hagerstown, MD - (301) 797-2000

APPENDIX C
EXTERNAL DISASTER PLAN
CODE ORANGE

Dietary Responsibilities

I. NOTIFICATION

Notified by Command Center or Switchboard. Supervisor ensures that sufficient employees are on hand to perform the work required.

II. GENERAL STATEMENT OF DUTIES

Provide meals to patients, staff, visitors, volunteers, employees, etc., in a timely manner.

III. SPECIFIC DUTIES

A. Serve meals as usual.

B. Prepare to serve additional meals and refreshments.

C. Designate special eating areas if necessary.

D. Communicate with Command Center for disaster updates.

APPENDIX F
EXTERNAL DISASTER PLAN
CODE ORANGE

Environmental Services

I. NOTIFICATION

Notified by Switchboard or Command Center. Supervisor ensures sufficient employees are on hand to perform the required work. (Beeper #288 or 262)

II. GENERAL STATEMENT OF DUTIES

Prepare assigned areas for the arrival and treatment of patients. Evaluate space, supplies and equipment.

III. SPECIFIC DUTIES

A. Prepare Conference Center and Conference Rooms for the influx of patients, staff and employees.

B. Move required equipment and supplies to ED and Conference Center.

C. Station personnel at critical areas.

D. Act as runners for Command Center if required.

APPENDIX H
EXTERNAL DISASTER PLAN
CODE ORANGE

Laundry Responsibilities

I. NOTIFICATION

Notified by Switchboard or Command Center. Supervisor ensures that sufficient employees are on hand to perform the required work.

II. GENERAL STATEMENT OF DUTIES

Provide garments for staff and employee use and linens for use by patients.

III. SPECIFIC DUTIES

A. Sort, wash, press, and fold linens and garments.

B. Distribute linens via cart to areas throughout the Medical Center.

C. Respond to calls from supervisors for additional requirements.

APPENDIX J
EXTERNAL DISASTER PLAN
CODE ORANGE

Medical Records Responsibilities

I. NOTIFICATION

Notified by Command Center or Switchboard.

II. GENERAL STATEMENT OF DUTIES

Maintain medical records of casualties; prepare lists for media information.

III. SPECIFIC DUTIES

A. Aid Admitting if needed.

B. Pull old records as required and deliver.

C. Ensure sufficient Medical Records personnel are on hand to cover all duties.

APPENDIX P
EXTERNAL DISASTER PLAN
CODE ORANGE

Radiology Responsibilities

I. PURPOSE

In order for the Department of Radiology to function in an organized and expedient manner during a disaster, the following guidelines are established. A firm understanding of these guidelines is necessary in order to provide the care required by disaster victims. (Beeper #459 11:00 p.m. to 7:00 a.m. only)

II. NOTIFICATION

Notified by Command Center, Switchboard, or Emergency Department.

The Radiology employee notified shall immediately Call:

1. The X-Ray Technologist in charge.
2. The Director of Radiology or designee.
3. The Physician Chairman of the X-Ray Dept. or the Radiologist on call.

III. GENERAL STATEMENT OF DUTIES

A. Ensure sufficient personnel are called in or on duty to perform the work required.

B. When notified of a disaster alert, it is the duty of each required staff member to respond as requested.

IV. SPECIFIC DUTIES

A. Radiologists

The Radiologist notified will be responsible for providing adequate physician coverage in the Department.

B. Supervising Technologist

The Supervising Technologist on duty, Department Manager or designee will, on the basis of information given as to the character of the disaster:

1. Call in the anticipated additional staff members needed from the staff roster kept in the front office.

APPENDIX P CONTINUED

2. Prepare the Department for the disaster victims supervising the:

    a. return of house patients to floors
    b. release and rescheduling of outpatients in the Department
    c. maintenance of supplies in X-Ray rooms

3. Coordinate distribution of disaster victims to various X-Ray rooms for exams.
4. Assure that a log of the disaster victims is kept until disaster is over.

C. Technologists

1. Will report to the Department for duty immediately after notification of the disaster alert.

D. Dark Room Technicians

1. Will report to the Department immediately after notification of the alert.
2. Will remain in the area of the Dark Room throughout the disaster.

E. Technician Aides

1. Will report to the Department for duty immediately after notification of the alert.
2. Will report to the collating area for assignments.

Material Safety Data Sheet

Emergency Telephone: ______________________________

SECTION I - PRODUCT IDENTIFICATION

	Product
Pc	Description Chemical Mixture -

SECTION II - HAZARDOUS INGREDIENTS

CAS Number	Chemical Component	%	TLV (Units)	Hazard Data

SECTION III - PHYSICAL DATA

Solid Liquid	Appearance and Odor
Specific Gravity	pH at 25°C
Solubility in Water	Freezing Point
Percent Volatiles (by weight)	Phosphorus

SECTION IV - FIRE AND EXPLOSIVE HAZARD DATA

Flash Point (method)	Flammable Limits	LFL	UFL

Extinguishing Media

Special Fire Hazards and Equipment Required

SECTION V - REACTIVE HAZARDS

Product Stable	Unstable at	Hazardous Polymerization: will occur will not occur

Conditions to avoid

Incompatibility (materials to avoid)

azardous Decomposition Products

Product: ____________________

SECTION VI - HEALTH HAZARDS

Eye

Skin

Digestion

Inhalation

Threshold Limit Value

Principal Routes of Absorption

Acute Effects of Overexposure

Chronic Effects of Overexposure

FIRST AID PROCEDURE - *NEVER GIVE FLUIDS* OR INDUCE VOMITING IF PATIENT IS UNCONSCIOUS OR HAVING CONVULSIONS. CALL A PHYSICIAN.

Eyes

Skin

Ingestion

Inhalation

SECTION VII - NORMAL HANDLING PROCEDURES

Precautions to be taken - Handling and Storage.

Protective Equipment: Eyes Gloves Other	Ventilation Requirements

Corrosive Action on Materials

SECTION VIII - SPILL OR LEAK CONTROL PROCEDURES

Steps to be taken in case of spills

Waste Disposal Method

The above information is believed to be accurate and discloses the known hazards for this product as of this date. No additional warranties are made.

Subject: Career Review and Development
Section: Performance Appraisal
Effective: 9/23/91

The term "performance appraisal" has a particular meaning. It is an evaluation of how a person's work is done. A good performance appraisal system, properly administered, will produce the following results:

1. Employees know what is expected of them.
2. Employees receive recognition for work well done.
3. Employees receive help where needed to improve their work.
4. Supervisors have a basis for reviewing and comparing employees' performances.
5. Supervisors have a basis for identifying employees' training needs.
6. Supervisors have a basis for making decisions on disciplinary action and salary recommendations.

All employees are evaluated at the following times:

1. completion of the initial Trial Employment Period;
2. ~~after six months' employment; and~~
3. every 12 months thereafter on their review date.

Employees having serious disagreement with either their evaluation or merit award may pursue their interest in discussion with the Department Head/DPS. Finally, employees may submit a written statement to the Director of Personnel and request it be filed in their permanent record.

Subject: Career Review and Development
Section: Merit Increases
Effective: 1/1/83

Full-time employees who successfully complete one year of continuous employment are eligible to be reviewed by their Department Head/DPS for a merit increase within their pay scale. Such factors as attendance, tardiness, and results of the performance appraisal are weighed heavily in the Department Head/DPS' recommendations.

Part-time and per diem employees are eligible for a merit increase after working 2,080 regular hours and providing they have a satisfactory performance review.

EMPLOYEE HANDBOOK **PERSONNEL POLICY**

Subject: **Career Review and Development**
Section: **Promotions, Transfers**
Revised: **6/1/90**

Promotion:

A promotion occurs when employees move vertically from one budgeted position to another budgeted position evaluated in a higher pay grade.

It is the policy of the Medical Center to fill positions from within whenever the qualifications of internal applicants are equal to or superior to those of external applicants for the same position.

In the event two or more employees apply for a vacant position, the most qualified employee will be selected. If qualifications are judged to be equal, the employee with the most seniority will be given priority consideration.

Employees can initiate consideration for a promotion by talking with their supervisor or by applying for the position in Personnel.

Employees who are promoted will receive a pay increase at least equal to the percentage difference between the former grade and the new grade. In determining the amount of increase, the Department Head/DPS may set the pay at an appropriate level in the new grade based on training, skill and experience levels of the promoted employee. Another factor which must be considered when determining new pay level is the relative timing of the promotion compared to the employee's increase eligibility date. Any promotional increase of 10% or more must be approved by the Divisional Vice President and Personnel Director. All promotions will result in a change of increase eligibility date to one year from the promotion date.

Section: Promotions/Transfers

Transfer:

A transfer occurs when an employee moves to a new position that is at the same grade as the position from which he/she transfers. In the event of a transfer, the employee will retain his/her increase eligibility date.

Employees must work at least six months in their current department before transfers will be approved unless both Department Heads/DPSs agree to transfer prior to that date.

Employees must submit a Transfer Request form in the Personnel Office to be considered for a transfer. If qualifications are appropriate, the employee will be contacted for an interview. At this time the interviewing party and the employee will inform the current Department Head or Director of Patient Services that the employee is pursuing a possible transfer to that department.

If the employee decides to make the transfer, the same notice must be given the current Department Head/Director of Patient Services as if terminating employment.

Subject: Career Review and Development
Section: Continuous Service Credit
Revised: 1/1/83

Full time, part time and per diem employees may acquire "continuous service credit" with the Medical Center dating from the first date of their unbroken service. The continuous service credit of employees is broken under the following conditions:

a. Discharged for just cause

b. Job abandonment

c. Voluntary termination, unless rehired within a six (6) month period (also applies to multiple status changes occurring within a six month period)

d. Retirement

When continuous service is broken, employees are considered as new employees if and when rehired.

Employees on approved Leave of Absence retain, but do not accrue, service credit for the duration of such leave.

Employees who voluntarily terminate and are rehired within six (6) months retain, but do not accrue, service credit for the period off the payroll.

Subject: Career Review and Development
Section: Licensure, Registration or Certification
Effective: 1/30/92

When required by their profession, employees are responsible for maintaining a current license, certification or registration status in coordination with their Department Head/DPS and the Personnel Department.

Licenses, certifications and registrations will be verified according to the following procedures:
Prior to employment, all new hires will present to the Personnel Department or Nurse Recruiter the original document as evidence of current license, certification or registration.

A copy of the original document will be made and stamped indicating that this is a true copy of the original document. The stamp must be signed and dated by the individual viewing the original document.

Prior to expiration of current licenses, certifications or registrations it is the responsibility of the employee to bring to their Department Head/DPS the original documentation for their license and/or renewal. This original document will again be copied in accordance with the procedures noted above. The copy will be stamped, signed and dated by the person viewing the original document. The copy of the renewal will be sent to the Personnel office to be placed in the employee's personnel file.

(Continued)

Section: **Licensure, Registration or Certification (Continued)**

Expired Licenses, Certifications or Registrations
Employees who allow their license to expire will not be permitted to work until a new license is produced.

Note: Various departments may have their own procedures which go beyond this basic policy for maintenance of licensure and registration status. It is the responsibility of each Department Head/DPS to insure that all records are kept current including both computerized records and hard copy records.

Annual Performance Appraisals
Where applicable, in accordance with JCAHO requirements, both the job descriptions and performance appraisals will reflect the requirements for competency to care for, assess and treat patients of the age group served.

EMPLOYEE HANDBOOK PERSONNEL POLICY

Subject: Career Review and Development
Section: Tuition Assistance Program
Revised: 9/20/90

The Medical Center provides financial assistance to employees furthering their education in a healthcare-related field or to improve their job skills.

Full time employees with a minimum of six (6) months service, part time employees with a minimum of one (1) year service, and per diem employees with a minimum of five years service are eligible for Tuition Assistance. The assistance is for tuition costs only. Full time employees may receive reimbursement for tuition costs for up to nine credit hours per term. Part time and per diem employees may receive reimbursement for tuition costs up to four credit hours per term.

Fifty percent of the tuition cost will be paid at the beginning of the course upon submission of a Tuition Assistance Request Form approved by Department Head, Vice President and Personnel Director. All grades must be submitted to Personnel at the end of the term and a second reimbursement will be made for grades of "A" and "B". For tuition reimbursement employees are expected to return a number of paid work hours equal to the ratio of one year (2,080 hours) for each $3,000.00 received. Repayment hours begin at the completion of the reimbursed class. If employees terminate prior to fulfilling this agreement, they must pay the Medical Center the entire amount of Tuition Assistance owed plus 8% interest.

IV-Career Review
and Development

INSTRUCTIONS FOR FIRE EXTINGUISHER OPERATION

1. HOLD UPRIGHT
   PULL RING PIN
2. START BACK 8 FEET
   AIM AT BASE OF FIRE
3. SQUEEZE LEVER
   SWEEP SIDE TO SIDE

A	TRASH·WOOD·PAPER	B	LIQUIDS·GREASE	C	ELECTRICAL EQUIPMENT

The ServiceMaster Company
2300 Warrenville Road
Downers Grove, IL 60515

MATERIAL SAFETY DATA SHEET
(Complies with 29 CFR 1910.1200)
Emergency Telephone Number (708) 964-1300

SaniMaster III
Page 1 of 1

SECTION I

oduct (Trade) Name - SaniMaster III
A Registration No. - 6109-17
nufacturer's Name - The ServiceMaster Company
dress - 2300 Warrenville Road Downers Grove, IL 60515
ergency Telephone No. - (708) 964-1300
emical Name and Synonyms - N/A **DOT Hazard Class:** Nonhazardous
emical Family - N/A **ID Number:** None
rmula: - N/A

SECTION II - HAZARDOUS INGREDIENTS

redient	C.A.S. No.	% by Wt.	OSHA PEL	ACGIH TLV	Other Limits (ACGIH STEL)	Listeds Carcinogenic by IARC, NTP, OSHA, ACGIH
aternary nmonium chlorides	32426-11-2 68424-85-1 68424-95-3	5-7	N/E	N/E	N/E	No
dium hydroxide	1310-73-2	0.5	2 mg/m3C	2 mg/m3C*	N/E	No
yl alcohol	64-17-5	0.8-1.3	1000 ppm	1000 ppm	N/E	No

* Ceiling value. Not to be exceeded at any time during the work shift.

ccordance with OSHA's Hazard Communication Standard ingredients listed in this section are those identified being hazardous and present at concentrations greater than 1%, or greater than 0.1% if the substance is a ed carcinogen. Information concerning ingredients identified as "Proprietary" will be made available as vided in 29 CFR 1910.1200(i).

SECTION III - PHYSICAL DATA

ling Point (°F): > 212 **Specific Gravity (H_2O = 1):** 1.066
por Pressure (mm hg): N/D **Percent Volatile By Weight:** 71-73
por Density (Air = 1): > 1 **Evaporation Rate: (water = 1)** ~ 1
ubility in Water: Completely soluble
pearance and Odor: Colorless liquid with slight ammonia-like odor
of Concentrate: 12.9 **pH Diluted for Use:** 10.5

SECTION IV FIRE AND EXPLOSION HAZARD DATA

sh Point (Tag. Closed Tester): > 200°F **Flammable Limits:** LEL N/A UEL N/A

inguishing Media: Noncombustible Use media appropriate for materials actually involved in fire.

ecial Fire Fighting Procedures: Self-contained breathing apparatus and protective clothing should always be worn in fighting fires involving chemicals.

usual Fire and Explosion Hazards: None known.

SECTION V - HEALTH HAZARD DATA

mary Route(s) of Exposure: Skin contact.

eshold Limit Value: N/D. See Section II for TLV of Hazardous Ingredients.

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ects of Overexposure
cute
By Inhalation: Inhalation of mist may cause irritation.
By Eye Contact: Serious irritation, chemical burns possible.
By Ingestion: Irritation of mouth, throat, and stomach. Corrosive effects on mucous membranes.
By Skin Contact: Irritation.
hronic: Repeated or prolonged contact with skin may result in dryness or irritation.

edical Conditions Generally [illegible]vated [illegible] Expos[illegible] None

N/A - Not Applicabl

Emergency and First Aid Procedures
For Inhalation: Remove to fresh air.
For Eye Contact: Immediately flush with plenty of water for at least 15 minutes. Lift upper and lower lids occasionally. Call a physician.
For Ingestion: Give a large quantity of milk, egg white, gelatin solution, or several glasses water. Do not induce vomiting.
For Skin Contact: Wash thoroughly for at least 15 minutes with running water. Remove and launder contaminated clothing.

SECTION VI - REACTIVITY DATA

Stability: Stable **Conditions to Avoid:** None known
Incompatibility (Materials to Avoid): None
Hazardous Decomposition Products: None known
Hazardous Polymerization: Will not occur

SECTION VII - SPILL OR LEAK PROCEDURES

Steps to be Taken in Case Material is Released or Spilled - Small amounts may be flushed to sanitary sewer. Larger amounts - add acetic acid to neutralize. Absorb with sand, clay, vermiculite, or other absorbant.

Waste Disposal Method - Pick up with shovel. Dispose of in an approved landfill in accordance with Federal, State, and local regulations. Un-neutralized material must be disposed of as corrosive hazardous waste. Dispose of all waste in accordance with local, State, and Federal regulations.

Hazardous Waste Classification: D002

SECTION VIII - SPECIAL PROTECTION INFORMATION

For Handling Product as Supplied

Respiratory Protection - If TLV is exceeded, use NIOSH-approved organic vapor respirator.
Ventilation - Sufficient ventilation should be provided to maintain exposure below TLV.
Protective Gloves - NBR or rubber.
Eye Protection - Chemical splash goggles or face shield.
Other Protective Equipment - Use impervious apron and/or clothing as needed to prevent skin contact.

For Handling Product After Dilution For Use

Respiratory Protection - If generation of respirable mist occurs, use NIOSH-approved dust and mist respirator.
Ventilation - Normal ventilation satisfactory.
Protective Gloves: - Not normally required.
Eye Protection: - Not required.
Other Protective Equipment: - Not required.

SECTION IX - SPECIAL PRECAUTIONS

Precautions to be taken in handling and storing: Store in a tightly closed container in a cool, dry location.

Other precautions: Use only according to instructions on label. Empty container may be hazardous. Follow directions on label for disposal. It is a violation of Federal Law to use this product in a manner inconsistent with its labeling..

Prepared By: John R. Phillips
Title: Occupational Safety and Health Coordinator

Approved by: David L. Coleman, Ph.D.
Title: Director, Product Development and Quality Control

Date of Preparation: April 6, 1990
Su[illegible]des pr[illegible]form d[illegible] M[illegible]989

The ServiceMaster Company
2300 Warrenville Road
Downers Grove, IL 60515

MATERIAL SAFETY DATA SHEET

(Complies with 29 CFR 1910.1200)
Emergency Telephone Number (708) 964-1300

FiberFresh Protector
Page 1 of 1

SECTION I

Product (Trade) Name - FiberFresh Protector
Manufacturer's Name - The ServiceMaster Company
Address - 2300 Warrenville Road - Downers Grove, IL 60515
Emergency Telephone No. - (708) 964-1300
Chemical Name and Synonyms - N/A
Chemical Family - N/A
Formula: - N/A
DOT Hazard Class: Nonhazardous
DOT ID Number: None

SECTION II - HAZARDOUS INGREDIENTS

Ingredient	C.A.S. No.	% by Wt.	OSHA PEL	ACGIH TLV	Other Limits (ACGIH STEL)	Listed as Carcinogenic by IARC, NTP, OSHA, ACGIH
Fluoropolymer dispersion	N/A	25-35	N/E	N/E	N/E	No

In accordance with OSHA's Hazard Communication Standard, ingredients listed in this section are those identified as being hazardous and present at concentrations greater than 1%, or greater than 0.1% if the substance is a listed carcinogen. Information concerning ingredients listed as "Proprietary" will be made available as provided in 29CFR 1010.1200(i).

SECTION III - PHYSICAL DATA

Boiling Point (°F): 212
Vapor Pressure (mm hg.): 0
Vapor Density (Air = 1): >1
Solubility in Water: Dispersible
Appearance and Odor: Tan opaque suspension with mild acrylic odor.
pH of Concentrate: 2.8-5
Specific Gravity (H_2O = 1): 1.08
Percent Volatile By Weight: 65-75
Evaporation Rate: ~1
(water = 1)

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

Flash Point (Tag. Closed Tester): >200°F

Flammable Limits (%):

LEL	UEL
N/A	N/A

Extinguishing Media: Water, foam, dry chemical, CO_2 or other media suitable for material actually involved in fire.

Special Fire Fighting Procedures: Use self-contained breathing apparatus when fighting fires involving chemicals.

Unusual Fire and Explosion Hazards: Decomposition products formed at 480°F and above may contain hydrofluoric acid and other potentially toxic fluorine compounds. Avoid breathing decomposition products.

SECTION V - HEALTH HAZARD DATA

Primary Route(s) of Exposure: Inhalation, skin.
Threshold Limit Value: N/D. Refer to Section II for TLV of hazardous ingredients

Effects of Overexposure

- Acute

By Inhalation:	Possible mild respiratory irritation
By Eye Contact:	May cause moderate irritation
By Skin Contact:	May cause irritation or sensitization
By Ingestion:	May cause nausea, vomiting, diarrhea or cramps

- Chronic: None known.
- Medical Conditions Generally Aggravated by Exposure: None known

Emergency and First Aid Procedures

For Inhalation:	Remove to fresh air. If not breathing, give artificial respiration. Get medical attention. If breathing is difficult, get medical attention
For Eye Contact:	Immediately flush eyes with plenty of water for 15 minutes. Get medical attention.
For Skin Contact:	Flush skin with water after prolonged or repeated contact
For Ingestion:	DO NOT INDUCE VOMITING. Immediately give two glasses of water. Call a physician if symptoms persist.

SECTION VI - REACTIVITY DATA

Stability: Stable
Conditions to Avoid:
Incompatibility (Materials to Avoid): None known
Hazardous Decomposition Products: Decomposes with heat. Contact of particulate matter with 250°C (480°F) surfaces may liberate irritating vapors which can cause flu-like symptoms. May form hydrofluoric acid and other potentially toxic fluorine compounds at temperatures above 480°F.
Hazardous Polymerization: Will not occur.

SECTION VII - SPILL OR LEAK PROCEDURES

Steps to be Taken in Case Material is Released or Spilled - Prevent liquid from entering sewers, waterways, or low areas. Soak up with sawdust, sand, soil, or other absorbent material. Shovel or sweep up. Containerize for disposal.

Waste Disposal Method - Recover nonusable free liquid and/or contaminated water and dispose of in an approved and permitted biological treatment system or deepwell. Do not burn. Do not flush to surface water or sanitary sewer system. Consign to licensed waste hauler for disposal. Dispose of all waste in accordance with local, State, and Federal regulations.

Hazardous Waste Classification: None

SECTION VIII - SPECIAL PROTECTION INFORMATION

For Handling Product as Supplied

Respiratory Protection	- Not normally necessary when used in accordance with directions. If potential for respirable particles exists, use NIOSH approved high efficiency respirator.
Ventilation	- Use only with adequate ventilation. Local ventilation is recommended to ensure air exchange.
Protective Gloves	- NBR.
Eye Protection	- Chemical splash goggles.
Other Protective Equipment	- Not required when product is used according to directions.

For Handling Product After Dilution For Use

Respiratory Protection	- Not required when used according to directions.
Ventilation	- Normal ventilation satisfactory.
Protective Gloves:	- NBR.
Eye Protection:	- Chemical splash goggles.
Other Protective Equipment:	- Not normally required.

SECTION IX - SPECIAL PRECAUTIONS

Precautions to be taken in handling and storing: Keep container tightly closed. Do not store with or use food, tobacco, or drink in an area where they may become contaminated with this material.

Other precautions: Product is damaged by freezing. Do not smoke while handling this material.

Prepared By: John R. Phillips
Title: Occupational Safety and Health Coordinator

Approved by: David L. Coleman, Ph.D.
Title: Director, Product Development and Quality Control

Date of Preparation: April 6, 1990
Supercedes previous form dated: July 15, 1987

The ServiceMaster Company
2300 Warrenville Road
Downers Grove, IL 60515

MATERIAL SAFETY DATA SHEET

(Complies with 29 CFR 1910.1200)
Emergency Telephone Number (708) 964-1300

WallGlide Plus
Page 1 of 2

SECTION I

oduct (Trade) Name - **WallGlide Plus**
anufacturer's Name - The ServiceMaster Company
ddress - 2300 Warrenville Road - Downers Grove, IL 60515
nergency Telephone No. - (708) 964-1300
hemical Name and Synonyms - N/A **DOT Hazard Class:** Nonhazardous
hemical Family - N/A **ID Number:** None
rmula: - N/A

SECTION II - HAZARDOUS INGREDIENTS

gredient	C.A.S. No.	% by Wt.	OSHA PEL	ACGIH TLV	Other Limits (ACGIH STEL)	Listed as Carcinogenic by IARC, NTP, OSHA, ACGIH
hanolamine	141-43-5	10-20	3 ppm	3 ppm	6 ppm	No
hylenediamene tetraacetic acid	60-00-4	7-10	N/E	N/E	N/E	No*

e Section V for additional data

accordance with OSHA's Hazard Communication Standard, ingredients listed in this section are those identified being hazardous and present at concentrations greater than 1%, or greater than 0.1% if the substance is a ed carcinogen. Information concerning ingredients identified as "Proprietary" will be made available as ovided in 29 CFR 1910.1200(i).

SECTION III - PHYSICAL DATA

iling Point (°F):	> 212	Specific Gravity (H_2O = 1):	1.07
por Pressure (mm hg.)	N/D	Percent Volatile By Weight:	70-75
por Density (Air = 1):	> 1	Evaporation Rate (water = 1)	~ 1
lubility in Water:	Completely soluble.		
pearance and Odor:	Pink liquid with pine odor.		
l of Concentrate:	10.3	pH Diluted for Use:	9-10

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

sh Point (Tag. Closed Tester) >200°F **Flammable Limits:** LEL N/A UEL N/A

tinguishing Media: Water, CO_2

ecial Fire Fighting Procedures: Self-contained breathing apparatus and protective clothing **ould always** be worn in fighting fires involving chemicals.

usual Fire and Explosion Hazards: None known.

SECTION V - HEALTH HAZARD DATA

Primary Route(s) of Exposure: Skin contact.
Threshold Limit Value: N/D. See Section II for TLV of Hazardous Ingredient.

Effects of Overexposure
- Acute
By Inhalation: Possible irritation of respiratory tract.
By Eye Contact: Irritation.
By Ingestion: Gastrointestinal irritation. Possible nausea and diarrhea.
By Skin Contact: Possible mild irritation.

- Chronic: Repeated or prolonged contact with skin may cause dryness or irritation.

Note: EDTA contains trace quantities of nitrilotriacetic acid (0.02%) which was found to be carcinogenic to rats and mice in a national cancer institute feeding study, including tumors of the urinary tract and kidneys. NTA was also carcinogenic to rats when administered in drinking water.

- Medical Conditions Generally Aggravated by Exposure: None known.

Emergency and First Aid Procedures
For Inhalation: Move to fresh air.
For Eye Contact: Flush with large amounts of water for at least 15 minutes lifting upper and lower lids occasionally. If irritation persists, consult a physician.
For Ingestion: Give milk or water. Induce vomiting. Call physician immediately.
For Skin Contact: Flush skin thoroughly with water. Remove and launder contaminated clothing. Get medical attention if irritation persists.

SECTION VI - REACTIVITY DATA

Stability: Stable **Conditions to Avoid:** None known.

Incompatibility (Materials to Avoid): Highly acidic materials.

Hazardous Decomposition Products: None known.

Hazardous Polymerization: Will not occur.

SECTION VII - SPILL OR LEAK PROCEDURES

Steps to be Taken in Case Material is Released or Spilled - Add absorbent and remove with a shovel or flush away with water.

Waste Disposal Method - Small amounts may be flushed to sewer. Large quantities should be consigned to a waste hauler. Dispose of all waste in accordance with local, State, and Federal regulations.

Hazardous Waste Classification: Nonhazardous

N/A - Not Applicable **N/D - Not Determined** **N/E Not Established**

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Downers Grove, IL 60515

MATERIAL SA TY DATA SHEET
(Complies with 29 CFR 1910.1200)
Emergency Telephone Number (708) 964-1300

/allGlide Plus
Page 2 of 2

SECTION VIII - SPECIAL PROTECTION INFORMATION

For Handling Product as Supplied

Respiratory Protection	- Not normally needed.
Ventilation	- Normal ventilation satisfactory.
Protective Gloves	- NBR or rubber.
Eye Protection	- Chemical splash goggles.
Other Protective Equipment	- If splashing occurs when handling concentrate, wear impervious apron and/or clothing as required to avoid skin contact.

For Handling Product After Dilution For Use

Respiratory Protection	- Not normally required.
Ventilation	- Normal ventilation satisfactory.
Protective Gloves:	- NBR or rubber.
Eye Protection:	- Not normally needed.
Other Protective Equipment:	- Not normally needed.

SECTION IX - SPECIAL PRECAUTIONS

Precautions to be taken in handling and storing: Store in a cool, dry location.

Other precautions: None known.

Prepared By: John R. Phillips
Title: Occupational Safety and Health Coordinator

Approved by: David L. Coleman, Ph.D
Title: Director, Product Development and Quality Control

Date of Preparation: April 6, 1990
Supercedes previous form dated: June 2, 1989

N/A - Not Applicable **N/D - Not Determined** **N/E Not Established**

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TUITION ASSISTANCE

The Medical Center has an extremely good Tuition Assistance policy for employees who are taking college level courses toward a degree in health care or other job-related field. The following information is a summary of the policy and the how to's of applying for Tuition Assistance. For more information please call Ann Coulter in Personnel. (x8801)

TUITION ASSISTANCE POLICY

The Tuition Assistance policy enables the Medical Center to pay 50% of college tuition at the time of registration. The intent is to ease the financial burden on employees of amassing large amounts of money at the beginning of the semester.

Employees are eligible for additional assistance if they obtain a grade of "A" or "B" in their courses. An "A" will bring another 50% of tuition; a "B" will bring 25%.

Full time employees are eligible to apply for Assistance after six months of employment. Part time employees are eligible after twelve months. Per diem employees are eligible after five years continuous service.

There are no dollar limits on Tuition Assistance per academic year. However, full time employees are limited to assistance for 9 credits per semester. Part time and per diem employees are limited to 4 credits per semester.

Employees are required to make a work agreement in exchange for the Tuition Assistance. The hours/dollars ratio is 2080 hours for every $3000.00 received. Employees can compute the hours they will owe by finding 69% of the dollar amount of assistance for which they apply (2080 hours is 69% of $3000.00). The hours owed for Tuition Assistance are in addition to hours owed for any scholarship received from the Medical Center.

Employees who receive a grade lower than a "C" or who drop the course(s) are obligated to pay back the tuition advanced. Employees who terminate from the Medical Center before their work commitment is complete must pay back the balance with 8% interest.

HOW TO DO IT

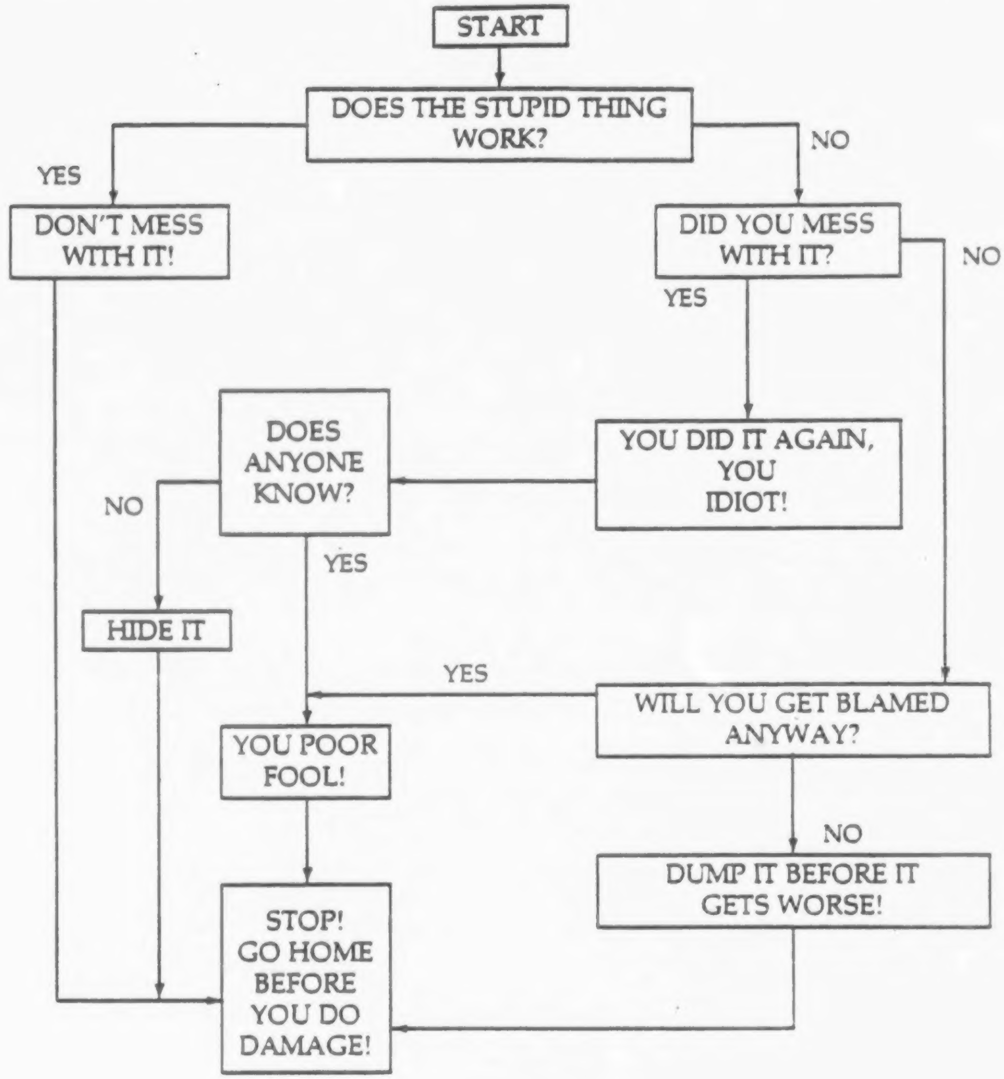
BEFORE REGISTERING FOR COURSES employees should get an Application for Tuition Assistance (blue form) from Personnel or from the forms display, Mall and Garden Level, Amherst Site; mail room, Cork Street site. Courses must be approved by the Department Head/DPS, by the Divisional Vice President and then returned to Personnel.

Once approved in Personnel, undergraduate student employees will be given a letter addressed to the college or university stating that WMC will pay 50% of the tuition. The employee is then responsible for the balance of the tuition. They present the letter and their own payment to the school business office at the time of registration. The school will bill us after the drop-add period. (The Medical Center can arrange such a program with any accredited college or university.)

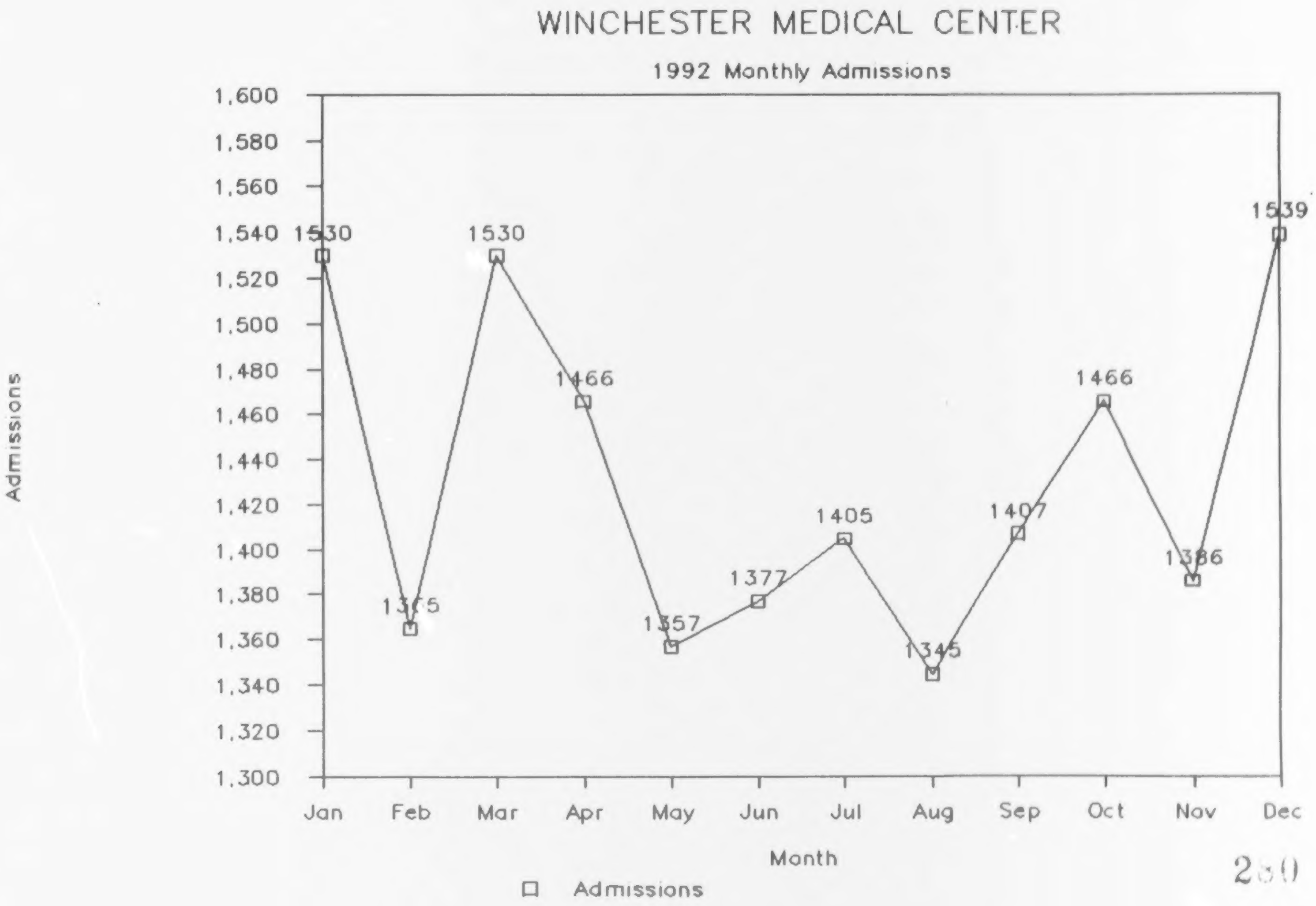
Once grades are received at the end of the semester, they should be brought to Personnel so that the work obligation can begin to be paid back to the Medical Center. If the employee is eligible for additional reimbursement based on grades of "A" or "B", the Grades Reimbursement form (white form) should be sent with grades. A check will be requested in the employee's name and sent to their home. The work obligation for Grades Reimbursement will be calculated at this time.

Revised 8/20/92

PROBLEM SOLVING TECHNIQUE

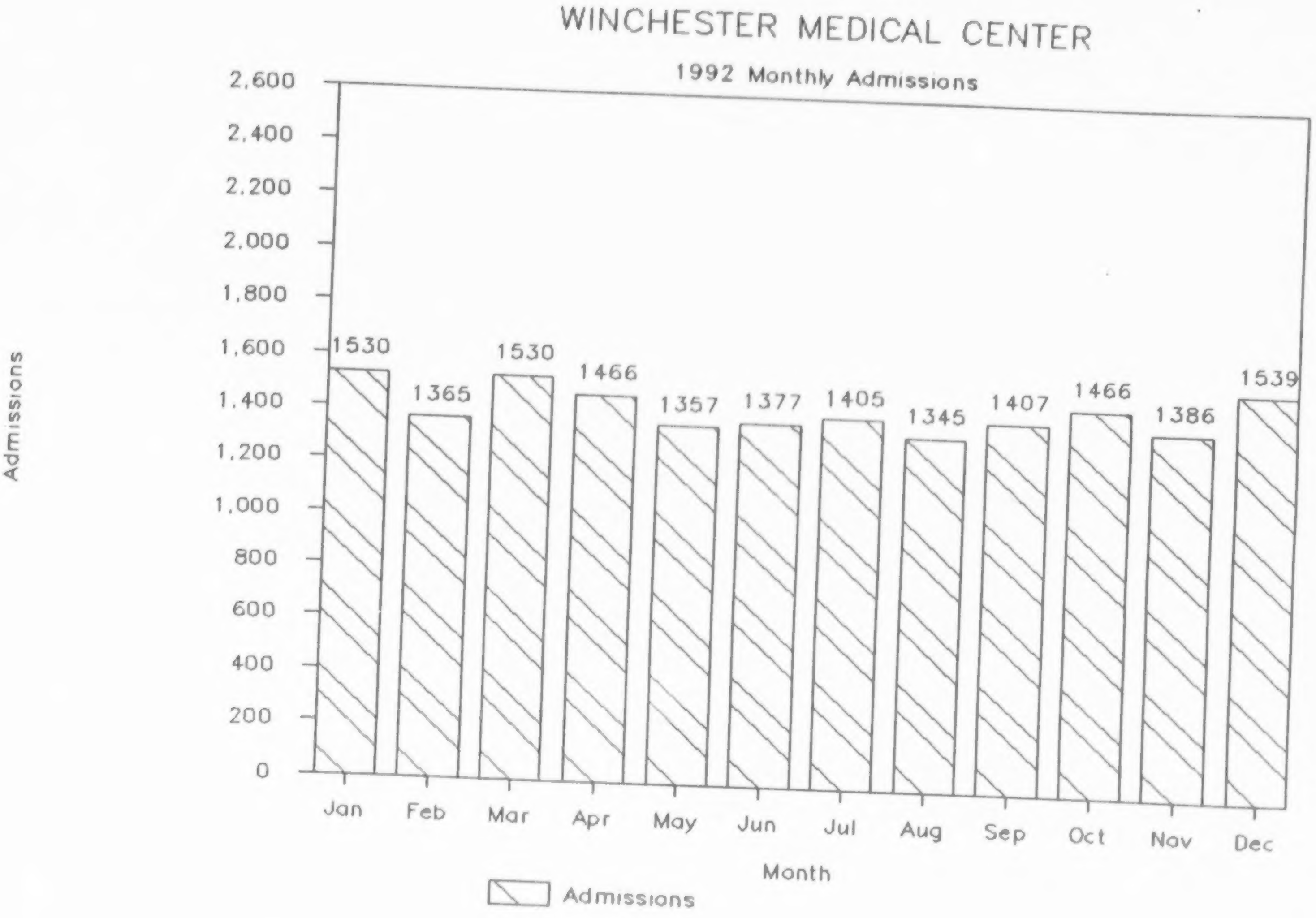

START
DOES THE STUPID THING WORK?
YES
NO
DON'T MESS WITH IT!
DID YOU MESS WITH IT?
YES
NO
YOU DID IT AGAIN, YOU IDIOT!
DOES ANYONE KNOW?
NO
YES
HIDE IT
WILL YOU GET BLAMED ANYWAY?
YES
NO
YOU POOR FOOL!
DUMP IT BEFORE IT GETS WORSE!
STOP! GO HOME BEFORE YOU DO DAMAGE!

From
Paulson, Terry L. Making Humor Work: Take Your Job Seriously and Yourself Lightly. Los Altos, CA: Crisp Publications, 1989., p. 45.

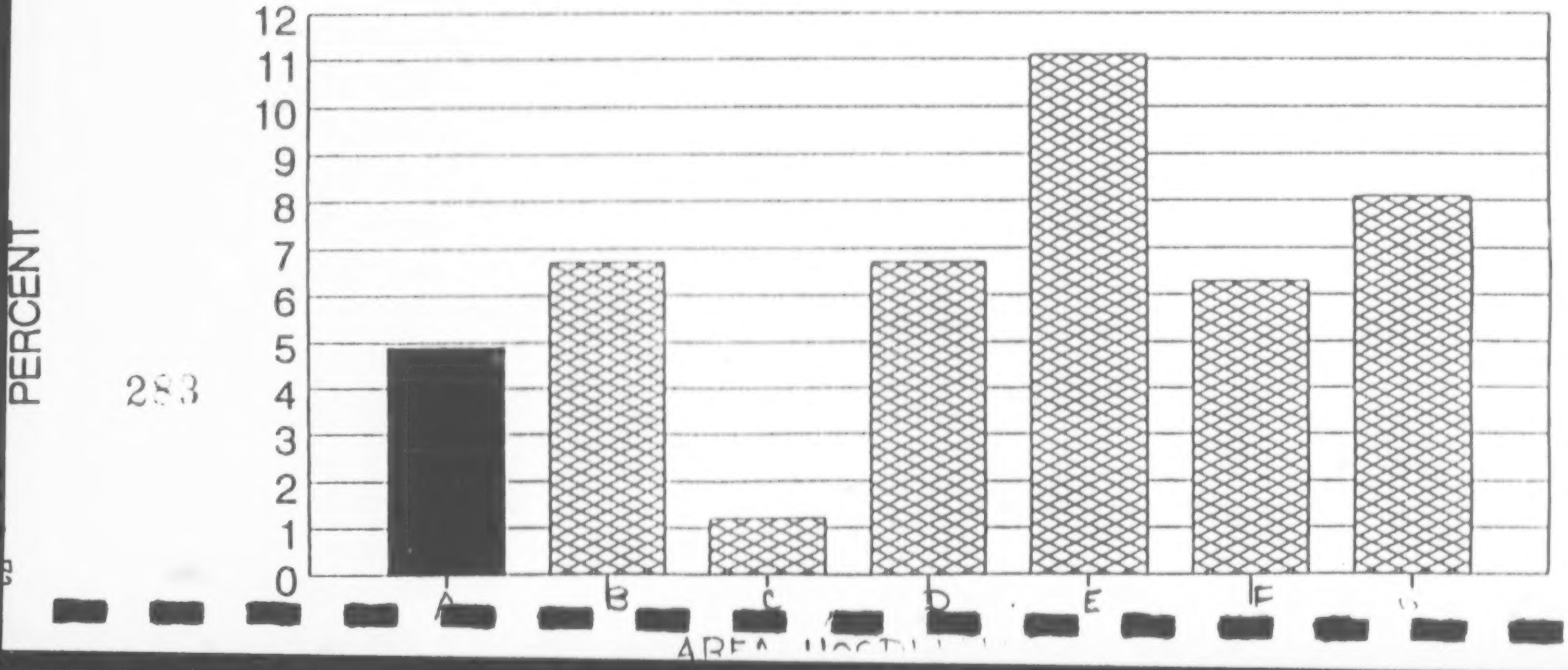


WINCHESTER MEDICAL CENTER

1992 Monthly Admissions

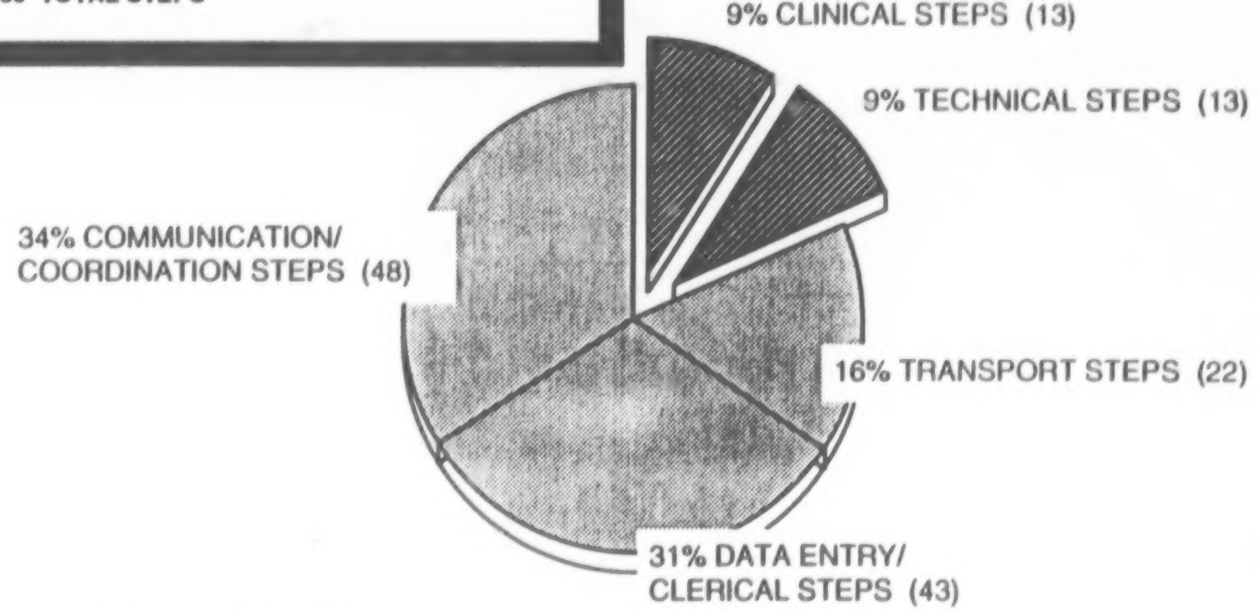

WINCHESTER MEDICAL CENTER
1992 Monthly Admissions
Admissions
2,600
2,400
2,200
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
1530
1365
1530
1466
1357
1377
1405
1345
1407
1466
1386
1539
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Month
▨ Admissions

DRG 107 MORTALITY (HCFA 1991) <180 DAYS



FEWER THAN 20% OF THE STEPS IN THE TYPICAL X-RAY PROCESS ARE CLINICAL OR TECHNICAL, DEALING DIRECTLY WITH PATIENT CARE

$$\frac{\text{26 CLINICAL/TECHNICAL STEPS}}{\text{139 TOTAL STEPS}} = < 20\% \text{ !!}$$



NUMBER OF STEPS IN PARENTHESES

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Workplace Writing
Learner's Activity Book

Developed by:
Tamara Fleming

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MEMO TO THE CLASS

This class is structured around the types of writing performed at Winchester Medical Center (WMC). We will begin by discussing the characteristics of written business communications and then examine how to effectively write memos, letters, summaries, and instructions for performing work-related tasks. Additional activities will be the evaluation of existing WMC documentation such as letters, instructions, and policies from content, organizational, and grammatical points of view and the development of a project that stems from a need in your department.

THINKING: Thinking is a large part of writing because thinking is 'process oriented' and so is writing. The writing skills you will use include research, evaluation, and synthesis of information, as well as the organization of ideas. These skills are also high level thinking skills; therefore, the process of writing will be considered as critical as the final outcome of your writing activity.

COMMUNICATING: Communicating in written form is different from communicating orally. For example, in written communication, you do not have the advantage of noting facial expression or voice inflection; you must take into consideration purpose, audience, and organizational and grammatical structure.

TAKING PART IN GROUP ACTIVITIES: Working in a group in the classroom helps you to learn more about working together and team work on the job. Some of the activities in this course will be completed in small or large groups that allow you to learn how to participate effectively in a group, as well as experience the collaborative writing process.

USING RESOURCES TO BUILD YOUR OWN KNOWLEDGE: In this class, you will learn how to use a variety of both text and human resources to help you collect and develop information and ideas for your writing activities. You will also use resources to develop a presentation on a grammatical topic that is relevant to the needs of the class.

Section I. Notes

> *"Good Communication is as stimulating as black coffee, and just as hard to sleep after."*
>
> - Anne Morrow Lindbergh

Some Differences Between Writing At School and Writing At Work

Area	School	Work
Purpose	To learn (educational)	To do or perform - has practical, direct application
Audience	Instructor	Many different people - co-workers; supervisor; dept. head; patients; insurance companies; visitors
Ownership	You own your work	Your company owns your work because you are their representative
Environment while Creating	You are in control of your environment and can readily change it. Also, your deadlines may be somewhat flexible.	Many distractions. You're often placed in a large office with other people. You usually have deadlines you must meet.
Political Considerations	None. Your instructor should remain objective regardless of your topic.	There are many political considerations with what you write at work - both internally as well as externally. Always keep in mind the "culture" of your organization.

Strategies...

"Speak English!", said the Eaglet. "I don't know the meaning of half those long words, and what's more, I don't believe you do either."

- from Lewis Carroll's Alice's Adventures in Wonderland

Writing Is An Action!

- Your business writings are social communication actions. Everything you write will be an interchange of ideas and feelings between you and your readers.
- Your communications will establish an individual relationship between you and each person who comes in contact with your work. Each person will read with his/her own eyes and react with his/her own thoughts and feelings.

Write With Your Readers In Mind!

- Before you begin writing, ask yourself, "How do I want to affect my readers? How do I want them to react?"

- Always "speak" with them as if they were standing in front of you. Remember, because writing is an action, your absence should not change the tone of the communication. Never write something that you wouldn't say if you were having a conversation directly with the readers.

Three Important Facts About How People Read

- Readers Create Meaning: Readers create their own meaning based on the sum of their life experiences and what you have written. No text can be interpreted in only one way; therefore, when you write, you should try to be as explicit as possible. Do not make your readers struggle to understand what you are trying to say. Do not use difficult or stilted language. Despite what most people think, the key to good business communication is simplicity not extravagance.

- Readers' Responses and Reactions Are Shaped By Situation: When writing, if at all possible, be familiar with your readers' situations. Find out their ideas about a subject before you commit your thoughts to written words.

- Readers React On A Moment-by-Moment Basis: Keep in mind that one negative word or phrase in your document could alter their final opinion of what you have written. And, if you have bad news to deliver, place it between two pieces of good news.

Strategies...

"No one can write decently who is distrustful of the reader's intelligence, or whose attitude is patronizing."

- E.B. White

Strategies For Keeping Your Readers In Mind

- Keep a reader [illegible]d writing approach: never forget who your readers are.
- Talk with your readers: they're the best resource available!
- Help readers focus on key information: have a strong topic sentence; use headings and lists whenever possible.
- Tell your readers how things are relevant to them: be specific and provide examples.

The Writing Process

Writing is a very mechanical process. If you follow a simple five step approach, your written tasks will more than likely be well developed and organized.

Step One: Brainstorm to discover what you know.

Step Two: Develop a topic sentence or thesis statement. Before you write your topic sentence or thesis statement, **think!** What is your topic? How will you organize the details you want to include? Be sure you write these down so you can refer back to them often. Writing your topic and organizational structure down will assist you in focusing on your subject.

The Writing Process (continued)

Step Three: Create an outline.

Step Four. Write a rough draft.

Step Five. Revise.

Strategies... **Delete Excess...**

"If it is possible to cut a word out, always cut it out. Never use the passive voice when you can use the active. Never use a foreign phrase, a scientific word, or a jargon word if you think of an everyday English equivalent."

- George Orwell, Politics and The English Language

Techniques For Generating Ideas

Beginning To Write

- Often, the most difficult part of writing is starting. While you may know generally what you want to say, writing that first sentence may be tough. Develop a **purpose statement** that only you will see. Such a statement may simply read, "My purpose in writing this is to...." Writing this statement may put clearly into focus what it is you are trying to tell your readers.

- In order to begin any form of written communication, you must generate ideas. There are several different ways you can do this.

Strategies... **You must have a purpose...**

Alice: "Would you please tell me which way I ought to go from here?" Cheshire Cat: "Well, that depends a good deal on where you want to go." Alice: "I don't much care where." Cheshire Cat: "Then it doesn't much matter which way you go."

- from Lewis Carroll's Alice's Adventures in Wonderland

Generating Ideas (continued)

- Talk with someone else: by talking with another person you can explore your ideas more thoroughly, perhaps get new ideas, and figure out how you might make your message clear, complete, and compelling. If your conversation is with one of your *readers*, you're even at a greater advantage. Ask them what questions they want you to answer in your communication.

- Develop and Study a Table of Your Data: If you know you will have to include figures and/or data charts in your communication, compile those first. They may immediately highlight interesting information that you know will be interesting to your readers.

- Brainstorm: This activity is used to generate thoughts about your subject as rapidly as you can through the spontaneous association of ideas. This method is especially effective when you begin with very little idea about what to tell your audience, or when you have thought a great deal over a long period of time about a subject and now want to recall all your thoughts. The brainstorming process is as follows:

  - Review your purpose and understanding of your audience.
  - Ask yourself, "What do I know about my subject that might help me achieve my purpose?"
  - As the ideas come, write them down as quickly as you can, using single words or short phrases. As soon as you list one idea, move on to the next.
  - When your stream of ideas runs dry, read back through your list to see if your previous entries suggest any new ones.
  - When you no longer have any new ideas, gather related items in your list into groups to see if this activity prompts new thoughts.

Strategies... Sharing Information...

"Many ideas grow better when transplanted into another mind than in the one where they sprang up."

- Oliver Wendell Holmes, Jr.

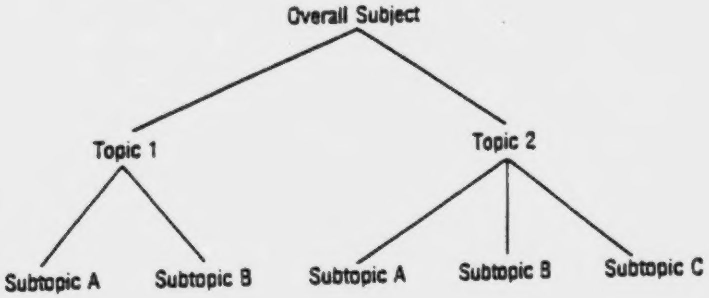
Generating Ideas (continued)

- Write a Throw-Away Draft: This method of generating ideas is similar to brainstorming, except you are writing prose versus a list. You refine your ideas as you write without discarding any idea. After you have generated your prose, read back through it to identify ideas worth telling your reader and discard the others. This method is especially good for developing your main points. It is most effective when used in brief communications or small parts of larger communications. The usual procedure for writing a throw-away draft is very much like that for brainstorming:

  - Review your purpose and understanding of your readers.
  - Ask yourself, "What do I know about my subject that will help me achieve my purpose?"
  - As new ideas come, write them down as sentences. Follow each line of thought until you come to the end of it, then immediately pick up the next line of thought that suggests itself.
  - Write without making corrections or refining your prose. If you think of a better way to say something, start the sentence anew.
  - Don't stop for gaps in your knowledge. If you find you need some information you don't have, note the place where you would use it, then keep on writing.

Generating Ideas (continued)

- Make an Idea Tree: An idea tree is a sketch of the various topics and subtopics you might discuss in your communication. It helps you explore your subject by logically identifying its parts. The following diagram shows what an idea tree might look like:

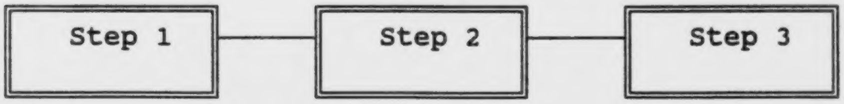


To create an idea chart, use the following procedure:

●● Review your purpose and understanding of your readers.
●● At the top of the sheet, write the overall subject of your communication.
●● Ask yourself, "What are the major topics I might take up in my communication?" List those topics across the page, below the subject. Don't worry about their order.
●● Draw a line (or branch) from each topic to the main subject.
●● For each topic, identify the subtopics you might take up. Join them to their topics with lines.
●● Keep subdividing until you run out of ideas. It's fine if some of your branches have more levels than others do. Take each branch as far as you can, whether to the topic level, subtopic level, or some lower level.

Generating Ideas (continued)

- Draw a Flow Chart: Flow charts can help you decide what you might say about a succession of events, such as when you are describing a process, explaining how to perform a series of steps, or proposing a sequence of actions. To generate these ideas, you can draw a flow chart by elaborating on the following basic form:



Suggestions for using flow charts to generate ideas about your subject include:

- ●● Review your purpose and understanding of your readers.
- ●● List (perhaps mentally) the steps or activities in the process or procedure.
- ●● Draw the flow chart, leaving lots of blank space around each box, especially above and below.
- ●● Brainstorm about the things you might want to say about each activity or step. Write your ideas above or below the boxes.
- ●● When you no longer have additional ideas about a step, review what you have written about the others. Often a piece of information you might provide about one step or activity will suggest a parallel piece for others.

Generating Ideas (continued)

- Make a Matrix: A matrix is a table writers can use when comparing two or more things in a parallel fashion. Below are the steps in using a matrix:
    - Review your purpose and understanding of your readers.
    - List (perhaps mentally) the items you will discuss and the general topics or issues you want to cover when discussing each item.
    - Draw a matrix, listing the items down the left-hand side and the topics across the top. Make as much room as possible in the matrix to write down your ideas.
    - Brainstorm to determine what you could say in each of the boxes of the matrix. Write you ideas in the appropriate box.
    - When you no longer have additional ideas for a box, review what you have written in the others. Often a comment you make in one box will suggest a parallel piece of information for the others.

Example of a matrix:

	Topic A	Topic B	Topic C
Item 1			
Item 2			
Item 3			
Item 4			
Item 5			

Guidelines For Critiquing Peer Writing

1. Is the purpose of the memo clear?

2. Does it address the desired audience?

3. Is there relevant supporting information?

4. Is it well formatted?

5. Is the style active, direct, and as brief as possible?

6. Is it relatively free of grammatical errors and misspellings?

Strategies... Be Brief...

"The most valuable of all talents is that of never using two words when one will do."

- Thomas Jefferson

Guidelines For Grammar Presentations

1. Use at least three different sources. Be sure you reference from what sources you are gathering information.
2. Define your topic clearly.
3. Provide relevant examples to support your definition.
4. Write-up your presentation in paragraph(s) form.
5. Present your presentation orally to the class. (I encourage you to use visual aids to assist your classmates in understanding your topic.)

Grammar Presentation Topics

1. Sentence fragments and run-ons
2. Subject-verb agreement
3. Pronoun agreement, reference, and point-of-view
4. Misplaced and dangling modifiers
5. Apostrophes
6. Quotation marks
7. Commas
8. Other punctuation marks

Letter Format

Block Format For Letters

(Letterhead)

4 September 199_

Ms. Ann Coulter
Winchester Medical Center
1870 Amherst Street
Winchester, Virginia 22604

Subject:

Dear Ms. Coulter:

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

Sincerely,

Tamara C. Fleming
Instructor, Project PRO

Enclosures

cc: Ed Mason

TCF/js

Letter Format
Modified Block Format For Letters

(Letterhead)

4 September 199_

Ann Coulter
Winchester Medical Center
1870 Amherst Street
Winchester, Virginia 22604

Re:

Dear Ann:

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

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xxxxxxxxxxx.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

Sincerely,

Tamara C. Fleming
Instructor, Project PRO

Enclosures

cc: Ed Mason

TCF/js

Letter Format
Modified Block Format With Paragraph Indentations

Lord Fairfax Community College
P.O. Box 47
Middletown, Virginia 22645
4 September 199_

Ann Coulter
Winchester Medical Center
1870 Amherst Street
Winchester, Virginia 22604

Dear Ms. Coulter:

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxx.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.

Sincerely,

Tamara C. Fleming
Instructor, Project PRO

Enclosures

cc: Ed Mason

TCF/js

Business Writing and Listening Skills: Just another "red hearring"?...

Workplace writing often requires you to do a lot more than formulate a brief memo or letter to a supervisor or co-workers. Sometimes you must perform research on topics on which you are required to write. Your research could include consulting with other workers who have either been in a position that is similar to yours or are familiar with the topic on which you are writing. In such instances, both listening and "asking the right questions" skills become critical to your success.

Did you know?... The average adult spends 31% of his or her waking hours listening. Only 7% is spent on writing, 11% on reading, and 21% on speaking.[1] (Other estimates indicate between 35-40% of white-collar workers' days are spent listening.)[2]

The listening process...

Listening is a five step process. It involves the following actions: acknowledging; decoding; judging; remembering; and reacting.

Strategies... **Listening Priorities...**

"We have been given two ears and but a single mouth in order that we may listen more and talk less."

- Zeno of Citium

Types Of Listening

1. Content listening. When you are performing content listening, your goal is to understand what the speaker is telling you. You do not need to judge the information you are given.

2. Critical listening. While performing this type of listening, you are looking to uncover flaws in the speaker's reasoning. You are questioning the information that is given to you.

3. Active listening. In this listening role, you are to act as an empathetic individual not as a judge. Your role is not to determine the nature of the speaker's information - accurate or inaccurate - but merely to listen.

Strategies For Improving Your Listening Skills

1. Pay attention! Try to focus all of your energy on **listening** to what the speaker is telling you. There is a big difference between hearing and listening. You must do more than hear what is being said. Listening involves the intent to both acknowledge and comprehend. Also, don't be distracted by the manner in which the speaker delivers his/her information. Remember you are concerned with content only!

2. Look at the speaker. Eye contact is one way of reassuring the speaker that you are listening. It is also a way to focus on what is being said. In addition to maintaining eye contact, be aware of the speaker's and your own body language.

3. Always try to ask questions (either by jotting yourself a note or by politely interrupting the speaker) on which you can later ask for clarification. Performing this activity will keep stimulating your ideas, thoughts, and questions on the subject.

4. Always try to constantly predict what information your speaker will provide for you. Just as in reading, trying to determine your speaker's purpose and intent for telling you something will assist you in gathering the right information. Or, at least it will enable you to begin thinking about your subject.

1. McWhorter, Kathleen T., **College Reading and Study Skills**, Fifth edition. HarperCollins Publishers, 1992.

2. McWhorter, Kathleen T., **Efficient and Flexible Reading**, Third edition. HarperCollins Publishers, 1992.

WINCHESTER MEDICAL CENTER
DEPARTMENT OF SAFETY & SECURITY INCIDENT REPORT

Incident No. SDR-005-93

Classification Grand Larceny

TIMES

Date & Time Received	Time Assigned	Time Arrived Scene	Time Cleared Scene	Officer Assigned
1-11-93 2:15 pm	2:15pm	2:20	3:15	Ned Justice #17

Time of Occurrence: Between Yr 93 Mo 1 Day 11 Time 2:00 – 2:10; Day ☒ Night ☐ Unknown ☐

Day of Week: S ☐ M ☒ T ☐ W ☐ T ☐ F ☐ S ☐

How Reported: Phone ☒ Alarm ☐ Personal ☐ Letter ☐ Other ☐

VICTIM

Victim's Name (Last, First, Middle-BUSINESS)	Race	Sex	DOB	Age	Business Phone
Young, Amy L.	Asn	F	7-30-52	40	869-1120

Victim's Address: 5649 Hunter's Lane Winchester, VA 22601

Home Phone: 722-0000

Information Reported By: victim

Address:

Phone:

Place Where Offense Occurred: WMC Visi[illegible]s main parking lot

PERSONS

(W) Witnesses (S) Suspects (V) Victim (R) Runaway (M) Missing Person (A) Arrestees

Code	Name	Address	Phone	Social Security Number
v	Amy Young	5649 Hunter's Lane, Winc.	722-0000	000-00-0000

DESCRIPTION

Description of all Persons (use code - (W) (S) (V) (R) (M) (A)

Code	Race	Sex	HT	WT	DOB	Age	Hair	Comp.	Eyes	Glasses	Hat	Coat	Shirt	Pants	Shoes
v	Asn	F	5'2"	120	7-30-52	40	blk.	olive	brn.	yes					
s	C	M	6'0"	180		30	bnd.	light	brn.?	no	no	red	white	jeans	wht.

PROPERTY

Property - (S) Stolen (L) Lost (F) Found (D) Damaged (R) Recovered (E) Evidence

Code	QTY	Description	Serial No.	Value	NCIC Date Entered	NCIC Date Removed
S	1	black leather purse with shoulder strap. Contents included checkbook, credit cards, $35 cash.				

NARRATIVE

Latents Lifted Y ☐ N ☒ | Statements Taken Y ☒ N ☐ | Photos Taken Y ☐ N ☒ | Disposition of Evidence n/a | Total $85 | Property Card No.

☐ Suspect Vehicle - (Color) ________ (Year) ________ (Make) ________ (Model) ________

☐ Victim (License #) ________ (State) ________ (Place Towed) ________

Narrative - include details not mentioned above

At approximately 2:00pm on January 11, 1993 the victim, Amy Young, was leaving the medical center after visiting a patient. As she approached her vehicle, which was parked in the visitor's parking lot, a man (see description above) approached her and demanded her purse. Ms. Young attempted to ignore the man and turned around to return inside WMC. The suspect then grabbed the victim's purse and ran into the woods behind Hurst House. The victim entered the WMC lobby and informed the person at the visitor's desk of the incident. The person at the visitor's desk phoned security.

Follow Up Assigned 2 ☒ 3 ☐

Officer Assigned Ned Justice #17

Case Cleared by: Arrest ☐ Cleared Other Means ☐ Juvenile Card(s) Made ☐ Nos. ________ Unfounded ☐

Will Prosecute Yes ☒ No ☐

Case File Yes ☐ No ☒

Report for Commonwealth Yes ☒ No ☐

Entered Computer ________

Completed By Records ________

Report Made by Ned Justice #17

Approved by ________ Date 1-12-93

Reviewed by ________ Date 1-12-93

315

VICTIM Amy L. Young

CLASSIFICATION Gra[illegible]arc[illegible]

WINCHESTER MEDICAL CENTER
DEPARTMENT OF SAFETY & SECURITY INCIDENT REPORT

Incident No. SDR-272-92

Classification Grand Larceny

TIMES

Date & Time Received	Time Assigned	Time Arrived Scene	Time Cleared Scene	Officer Assigned
12-01-92 10:30 AM	10:30 AM	10:35 AM	11:00 AM	Jessie James #35

Time of Occurrence

Between Year 92 Month 11 Day 30 Time 1:00 – 2:30

Day ☒ Night ☐ Unknown ☐

Day of Week: ☐ S ☒ M ☐ T ☐ W ☐ T ☐ F ☐ S

How Reported: Phone ☐ Alarm ☐ Personal ☒ Letter ☐ Other ☐

VICTIM

Victim's Name (Last, First, Middle-BUSINESS): Winchester Medical Center

Race: Sex: DOB: Age:

Business Phone: 722-8000

Victim's Address: 1840 Amherst St. Winchester, VA 22604

Home Phone:

Information Reported By: Mrs. Mary Smith, RN

Address:

Phone: 722-1500

Place Where Offense Occurred: Level 5, office next to main nursing station

PERSONS

(W) Witnesses (S) Suspects (V) Victim (R) Runaway (M) Missing Person (A) Arrestees

Code	Name	Address	Phone	Social Security Number
W	Mrs. Mary Smith	99 Oak Lane		
		Winchester, VA 22604	665-0000	000-00-0000

DESCRIPTION

Description of all Persons (use code - (W) (S) (V) (R) (M) (A)

Code	Race	Sex	HT	WT	DOB	Age	Hair	Comp.	Eyes	Glasses	Hat	Coat	Shirt	Pants	Shoes
W	W	F	5'5"	125	1-2-50	42	brn	light	blue	yes					

PROPERTY

Property - (S) Stolen (L) Lost (F) Found (D) Damaged (R) Recovered (E) Evidence

Code	QTY	Description	Serial No.	Value	NCIC Date Entered	NCIC Date Removed
S	1	IVAC temp. plus II	0000000			
		thermometer & holder		$250.00		

CHAIN OF CUSTODY RELEASED BY N/A DATE:

RECIEVING AGENCY DATE:

NARRATIVE

Latents Lifted Y☐ N☒ | Statements Taken Y☒ N☐ | Photos Taken Y☐ N☒ | Disposition of Evidence N/A | Total $250.00 | Property Card No.

☐ Suspect Vehicle - (Color) (Year) (Make) (Model)

☐ Victim (License #) (State) (Place Towed)

Narrative - Include details not mentioned above

On November 10, 1992, Mrs. Smith, RN Level 5 noticed that the above listed item had been removed from the nursing station. According to Mrs. Smith the thermometer and holder was present with two other thermometers at approximately 1:00 PM. At approximately 2:30 PM, the item was missing. Mrs. Smith and her entire staff searched the entire area on level 5 for the items, but could not locate them. Mrs. Smith further stated that a similar incident had occurred in the department approximately one (1) month ago. According to a report filed by officer Wyatt Earp, on 10-21-92, the same type of thermometer was taken from the level 5 area. These details are reflected in SDR-250-92. Mr. Joseph Jones in the Dispatch/

Follow Up Assigned 2 ☒ 3 ☐

Officer Assigned M. Short

Case Cleared by: Arrest ☐ Cleared Other Means ☐ Juvenile Card(s) Made ☐ Nos. Unfounded ☐

Will Prosecute Yes ☒ No ☐

Case File Yes ☐ No ☒

Report for Commonwealth Yes ☐ No ☒

Entered Computer

Completed By Records

Report Made by Jessie James #35

Approved by

Date 12/2/92

Reviewed by

Date 12/2/92

316

PROPERTY RECIEVED BY

PHONE #

DATE

VICTIM Winchester Medical Center

CLASSIFICATION

WINCHESTER MEDICAL CENTER
DEPARTMENT OF SAFETY & SECURITY SUPPLEMENTARY REPORT

No. SDR-272-92

Page No. 2

Grand Larceny
Classification of Offense — UCR CO

Winchester Medical Center
VICTIM'S NAME (Last name first)

Census Tract

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.

Distribution Department was contacted regarding the serial number issued by the Medical Center on the stolen item. Mr. Jones will notify the main Security Department as to the identifying number.

12-02-92, 11:30 AM - Checked with Mrs. Smith and she stated, "No one cleans up in the area until after 5:00 PM. There would be no hospital personnel in the area that was not staff or authorized to be there." They have not found the missing item.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION SUPPLIED BY ME IS TRUE AND CORRECT, AND THAT I WILL TESTIFY IN COURT AND ASSIST IN THE PROSECUTION OF ANY AND ALL PERSONS RESPONSIBLE.

SIGNATURE — COMPLAINANT/VICTIM

STATUS: ☐ UNFOUNDED ☐ CLEARED-ARREST ☒ PENDING
☐ INACTIVE ☐ EXCEPTIONAL CLEARANCE

ENTERED COMPUTER CLEARED COMPUTER COMPLETED BY RECORDS

REPORT MADE BY Jessie Jones 35 APPROVED BY 317 DATE

Comparison and Contrast

- Definitions: For our purposes, comparison is defined as "showing likenesses", and contrast is defined as "showing differences".

- However, you must do more in a comparison/contrast paper than show likenesses or differences in a particular topic. You must make a point about your topic. Why are you writing the paper (other than because you've been asked!)? What do you hope it achieves?

- Three possible positions: In comparison/contrast papers, you must choose one of three possible positions. These three positions are as follows: 1. ordinarily, x looks like y, but they're really different; 2. ordinarily, x doesn't look like y, but they're really alike; or, 3. x is better than y (or the opposite - y is better than x).

- Once you've decided on the point you are trying to make in your paper, and you've chosen a position to take, you must then decide on an appropriate organizational method. Choose one of the three following methods:

  Block

  introduce subject (contains thesis statement)
  discuss x (transition)
  discuss y
  conclude (restate thesis)

  Similarities-Differences

  introduce subject (thesis)
  discuss similarities between x and y (transition)
  discuss differences between x and y
  conclude (restate thesis)

  Point-by-Point

  introduce subject (thesis)
  discuss point 1 of x and y (transition)
  discuss point 2 of x and y (transition)
  discuss point 3 of x and y
  conclude (restate thesis)

JOB DESCRIPTION

JOB TITLE: Personnel Assistant DEPARTMENT: Personnel
Reports To: Compensation Coordinator

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)
High school diploma preferred. Previous experience in Personnel Department helpful. Must have experience with computers and data entry. Ability to type 35 wpm. Attention to detail with good mathematical skills a necessity.

TEMPERAMENT:

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	 2 Meets Standards	 3 Generally Exceeds Standards	 4 Outstanding
	C.A.R.E ·Courtesy - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·Attitude - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·Respect - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·Enthusiasm - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE DATE: REVISION DATE: 2/92 REVIEW DATE:

JDFOR

Page 2

Job Title: Personnel Assistant

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
	FUNCTION Initiate and maintain both hard copy and automated personnel files keeping records and data entry current. Produces and initiates reports as necessary including performance review notifications and other reports. Adheres to Winchester Medical Center personnel policies and brings to the attention of the Personnel Director any transactions which are not in compliance with personnel/payroll policies and procedures.				
	Initiate and maintain personnel files, both hard copy and through data entry into the computer system.				
	Review all transaction forms for accuracy, consistency and compliance with Medical Center policy and insure that transaction data is recorded appropriately and in a timely manner.				
	Maintain accurate and current personnel files, records of transactions and pay adjustments and other appropriate filing systems as needed insuring that all records are accessible and in proper order.				
	Prepare special reports, data gathering and computer printouts as needed.				
	Assist department managers, supervisors and employees with questions and information needs while maintaining appropriate confidentiality.				
	Generate the performance review notifications, COBRA notifications and other reports which may be required.				
	Assists other Personnel Department units in providing information needs and coordination of efforts.				
	PERFORMS OTHER DUTIES AS ASSIGNED.				
	COMPLETES REQUIRED INSERVICES ON SCHEDULE.				

JOB DESCRIPTION

JOB TITLE: COE STUDENT DEPARTMENT: FINANCE/ACCOUNTING
Reports To: BUSINESS OFFICE SUPERVISOR

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)
High School Student participating in the Cooperative Education Program.

TEMPERAMENT:
Professional appearance and attitude. Ability to work quickly and accurately.

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
20%	C.A.R.E ·**Courtesy** - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·**Attitude** - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·**Respect** - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·**Enthusiasm** - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE DATE: 15 May 92 REVISION DATE: REVIEW DATE: JDFORM

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Job Title: COE STUDENT

Percentage	Responsibility Area and Performance Standards	Performance Rating			
		1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
60%	**INTEROFFICE MAIL/OUTGOING MAIL** Collects/delivers/applies postage/bundles mail daily.				
20%	**FILING** Files in-patient records in central filing storage.				
	PERFORMS OTHER RELEVANT DUTIES AS REQUIRED. COMPLETES REQUIRED INSERVICE TRAINING ON SCHEDULE.				

PHYSICAL JOB REQUIREMENTS

Job Title: COE STUDENT Department FINANCE/ACCOUNTING

Please check and/or complete the appropriate physical requirements required to perform this job.

Vision

X Must be able to visually identify and discern printed words on either typewritten pages or computer screen.
____ Must be able to identify and differentiate colors.
____ Must have depth perception within normal ranges.

Hearing

X Must be able to respond to spoken words and other auditory sounds including the ringing of telephone or beepers and monitors.
X Must be able to respond and communicate orally by telephone.

Lifting

____ Must be able to bend, reach and lift patients with assistance to transport them to stretchers/wheelchairs.
____ Heavy lifting required (over _____ pounds occasionally and _____ pounds repetitively from ground level to shoulder height).
____ Must be able to push and maneuver carts/stretchers/space saver loaded with weights of _______ pounds.

Tools and Equipment

____ Must be able to maneuver ____________ (weight) ____________________ (tool, describe) ____________________ (length of time in shift).
____ Must be able to handle power tools for _____% of an 8 hour shift.
____ Must be able to use, operate and interpret information from equipment in work area.

Speech

X Must be able to verbally communicate in the English language directly and over the telephone and be understood.

Range of Motion

____ Must be able to climb (ladders and such) and be able to reach and balance from the ladders.
____ Must be able to kneel or squat for 70%-80% of an 8 hour shift.
____ Must be able to walk continually for 2-3 hours.
____ Must be able to stand for _______ hours straight.
X Must have mobility of all parts of the body, walking, bending, lifting, reaching above head and use of hands.
____ Speed, ability to work at a fast pace: __________ (activity), __________________ (measured requirement), __________________ (machinery or equipment used).
X Must have manual dexterity, fine motor skills (typing, computer, etc.)

Working Conditions

____ May be required to work near or with voltages (up to 480 volts AC).
____ May have to work in hot (over 90 degrees F) or cold (under 20 degrees F) environment.
____ Must be able to work under stress.
____ May work in areas where noise level exceeds _____ db.
____ Must be able to work overtime (and some employees work rotation or call schedules).
____ Must be able to work a rotating shift.
____ Must be able to work "on call."
____ Some tasks may require sitting for _____% of the work day.
____ Must be able to deal with verbally and physically combative patients.
X Must be able to stand and/or mobilize by walking for 80 % of an 4 hour shift.
____ Must be able to work out of doors in varying types of weather.
____ Must be able to utilize or wear protective equipment or apparel in accordance with OSHA standards and work within confined spaces.

Mental Capacity

X Must have mental capacity to fulfill the requirements of the job including problem solving, logic, communication and numerical calculations.
X Must be able to read and understand written instructions in English.

JOB DESCRIPTION

JOB TITLE: SECRETARY DEPARTMENT: VOL/REC SERVICES
Reports To: DIRECTOR OF VOL/REC SERVICES

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)

Associate degree in secretarial science or equivalent education/work experience preferred.

Two years experience as a full charge secretary.

Proven competence in verbal and written communication skills.

Knowledgeable about computers, word processing software, office equipment, budgets, ordering supplies, and scheduling.

Excellent people skills including some supervisory experience.

TEMPERAMENT:

Able to work with the public, speaks clearly, friendly disposition, uses resources competently. Attentive to detail, works quickly on multiple projects with deadlines while maintaining a pleasant, patient, tactful demeanor with all contacts.

		Performance Rating			
Percentage	Responsibility Area and Performance Standards	1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
20%	C.A.R.E ·**Courtesy** - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·**Attitude** - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·**Respect** - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·**Enthusiasm** - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

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Job Title: SECRETARY

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
25%	**PRODUCTION** -Types and proofs a variety of material including correspondence, memos, reports, charts, and surveys accurately meeting deadlines 95% of the time. -Edits, copies, collates, assembles reports and documents accurately. -Opens, reviews, and distributes departmental mail. -Compiles required statistics accurately. -Routes all distributed material appropriately.				
25%	**INFORMATION** -Maintains profiles on volunteers, auxiliary members, follies, lights of love contributors, Lifeline subscribers including payment of dues and/or fees, TB records, hours given, awards received, and other information necessary to the operation of the department. -Updates all kept information by the 5th day of the next month meeting all departmental and WMC deadlines. -Reviews information regularly assuring 100% accuracy. -Identifies discrepancies and initiates corrective action. -Consults with Department Director as necessary concerning information storage, retrieval, and dissemination.				

Page 3

Job Title: SECRETARY

Percentage	Responsibility Area and Performance Standards	Performance Rating			
		1	2	3	4
		Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
10%	**SCHEDULING** Prepares 4-week schedule for receptionists covering all approved APL, Sick Leave, and other approved absences. -Reviews and prepares payroll data for the department including Gift Shop personnel. -Records all scheduled and unscheduled absences by staff and volunteers substituting trained staff and volunteers maintaining appropriate staffing levels. -Initiates remembrance for volunteers and staff who are ill. -Maximizes resources including staff through good utilization.				
10%	**TELEPHONE CALLERS/VISITORS** -Answers telephones, screens calls, and takes accurate messages or relays information within scope of authority. -Consistently makes callers and visitors/volunteers feel welcome. -Greets all visitors and/or volunteers/staff upon entering office, ascertains needs and provides information appropriately with 99% accuracy. -Obtains all departmental messages from the switchboard each morning and relays messages appropriately. -Checks the computer at least twice a day for messages and/or mail. -Moves quickly from one task to another maximizing efficiency by using all equipment features.				

Page 4

Job Title: SECRETARY

Percentage	Responsibility Area and Performance Standards	Performance Rating			
		1	2	3	4
		Does Not Meet Standards	Meets Standards	Generally Exceeds Standards	Outstanding
5%	**RECORD KEEPING** -Establishes and maintains department files. -Orders and maintains adequate equipment and supplies. -Monitors expenditures maintaining levels specified in departmental budgets. -Coordinates and schedules appointments. -Accepts application for volunteers, EMT's, and Lifeline subscribers and assures their completeness. -Maintains records and files for all inservices, TB Tests, and orientations as well as copies of driver's licenses where required.				
5%	**POLICIES, CAREER GROWTH AND DEVELOPMENT** -Maintains established hospital/departmental policies, procedures, objectives, quality assurance, safety, environmental, and infection control policies. -Attends inservice meetings as offered. -Accepts and performs additional assignments as scheduled. -Assists staff and volunteers as needed in completion of daily tasks. -Identifies own learning needs and seeks opportunities for growth.				
	PERFORMS OTHER RELEVANT DUTIES AS REQUIRED. COMPLETES REQUIRED INSERVICE TRAINING ON SCHEDULE.				

PHYSICAL JOB REQUIREMENTS

Job Title: DEPARTMENT SECRETARY Department Volunteers/Receptionists

Please check and/or complete the appropriate physical requirements required to perform this job.

Vision

✓ Must be able to visually identify and discern printed words on either typewritten pages or computer screen.
____ Must be able to identify and differentiate colors.
✓ Must have depth perception within normal ranges.

Hearing

✓ Must be able to respond to spoken words and other auditory sounds including the ringing of telephone or beepers and monitors.
✓ Must be able to respond and communicate orally by telephone.

Lifting

____ Must be able to bend, reach and lift patients with assistance to transport them to stretchers/wheelchairs.
____ Heavy lifting required (over ______ pounds occasionally and ______ pounds repetitively from ground level to shoulder height).
✓ Must be able to push and maneuver carts/stretchers/space saver loaded with weights of 100 pounds.

Tools and Equipment

____ Must be able to maneuver ______ (weight) ______ (tool, describe) ______ (length of time in shift)
____ Must be able to handle power tools for ______% of an 8 hour shift.
✓ Must be able to use, operate and interpret information from equipment in work area.

Speech

✓ Must be able to verbally communicate in the English language directly and over the telephone and be understood

Range of Motion

____ Must be able to climb (ladders and such) and be able to reach and balance from the ladders.
____ Must be able to kneel or squat for 70%-80% of an 8 hour shift.
____ Must be able to walk continually for 2-3 hours.
____ Must be able to stand for ________ hours straight.
____ Must have mobility of all parts of the body, walking, bending, lifting, reaching above head and use of hands.
____ Speed, ability to work at a fast pace: ______ (activity), ______ (measured requirement), ______ (machinery or equipment used)
✓ Must have manual dexterity, fine motor skills (typing, computer, etc.)

Working Conditions

____ May be required to work near or with voltages (up to 480 volts AC).
____ May have to work in hot (over 90 degrees F) or cold (under 20 degrees F) environment.
✓ Must be able to work under stress.
____ May work in areas where noise level exceeds ______ db.
✓ Must be able to work overtime (and some employees work rotation or call schedules).
____ Must be able to work a rotating shift.
____ Must be able to work "on call."
✓ Some tasks may require sitting for 90% of the work day.
____ Must be able to deal with verbally and physically combative patients.
____ Must be able to stand and/or mobilize by walking for ______% of an 8 hour shift.
____ Must be able to work out of doors in varying types of weather.
____ Must be able to utilize or wear protective equipment or apparel in accordance with OSHA standards and work within confined spaces.

Mental Capacity

✓ Must have mental capacity to fulfill the requirements of the job including problem solving, logic, communicati and numerical calculations.
✓ Must be able to read and understand written instructions in English.
✓ Accurate recall and memory.
✓ Must be able to use judgment in making decisions and choices.

JOB DESCRIPTION

JOB TITLE: Department Secretary **DEPARTMENT:** Personnel
Reports To: Personnel Director and Assistant Personnel Director

This job description is based on an evaluation of the position at the time this description was written. This job description will change from time to time as tasks, organization and technology change. Accordingly, the employer reserves the unlimited right to revise all or any part of this job description and the essential functions of the job and to add or eliminate essential functions of any position. Designation of any job duty as an "essential function" is not intended as an assurance or guarantee that an employee has any right to perform the particular job duty, except as required by the employer.

QUALIFICATIONS: (Physical Requirements Attached)
Education beyond high school level or work experience demonstrating administrative skills. Must be exceptional in spelling, grammar and punctuation. Typing 60+ wpm and familiarity with dictating or word processing equipment. Strong situational analysis skills and ability to communicate effectively on a wide range of levels. Two to five years previous office experience.

TEMPERAMENT:

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	 2 Meets Standards	 3 Generally Exceeds Standards	 4 Outstanding
20%	C.A.R.E ·**Courtesy** - Consistently courteous to visitors, patients and fellow employees whether speaking directly or by telephone. Routinely anticipates the needs of others and seeks opportunities to be courteous. ·**Attitude** - Manner of dressing, body language and verbal tone consistently communicates a positive, professional and friendly image. Generally inspires confidence. Is always receptive to constructive feedback and coaching. ·**Respect** - Consistently demonstrates respect for self, the work being done and the needs and feelings of patients and fellow workers. Always respects the rights and dignity of others. ·**Enthusiasm** - Frequently seeks opportunities to make positive comments and encourage others. Encourages positive morale and enthusiasm among the WMC employee team.				

EFFECTIVE DATE:
REVISION DATE: 6/92
REVIEW DATE:
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Job Title: Department Secretary - Personnel

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
40%	PROVIDE SECRETARIAL SUPPORT TO DEPARTMENT STAFF				
	A. Prepare routine correspondence, reports, letters, memos and special projects in a confidential manner for department staff.				
	B. All typed material is consistently prepared in a timely manner meeting stated deadlines 98% of the time.				
	C. Schedule or arrange meetings, appointments and trips for Personnel Department.				
	D. Answer telephone and forward messages accurately. Also, appropriately screen calls and make referrals when necessary.				
	E. Distribute interoffice and U.S. mail to correct individuals.				
	F. Maintain and distribute established Medical Center / departmental policies, procedures and objectives.				
	G. Operate dictaphone efficiently.				
	H. Prepare, submit and follow-up travel requests and reimbursements for the Personnel Department and Employee Health staff and remain within budget allowances.				
	I. Maintain current and accurate information on employee bulletin board.				
10%	MAINTAIN REQUIRED STATISTICS				
	A. Monitor and record time records for Personnel and Employee Health staff each pay period for review by the Payroll office.				
	B. Maintain accurate sign-up and attendance records for Management Training courses.				

Page 3

Job Title: Department Secretary - Personnel

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
15%	PRODUCE BADGES FOR EMPLOYEES, VOLUNTEERS, STUDENTS AND VISITORS AS NECESSARY A. Print badges as needed. B. Maintain appropriate records for badge system. C. Coordinate replacement badges and level adjustments as needed.				
5%	ORDER, RECEIVE, DISBURSE AND MAINTAIN OFFICE SUPPLIES AND MATERIALS A. Office supplies are inventoried and neatly maintained. B. Respond to special requests for materials when needed immediately. C. Verify cost centers. D. Keep photocopier running smoothly for departmental use. E. Report work orders to Maintenance only with prior approval. F. Prepare printing requests for submission to Print Shop as needed.				

Page 4

Job Title: Department Secretary - Personnel

Percentage	Responsibility Area and Performance Standards	Performance Rating 1 Does Not Meet Standards	2 Meets Standards	3 Generally Exceeds Standards	4 Outstanding
10%	COORDINATE VARIOUS FUNCTIONS ON AN AS NEEDED BASIS A. Assist with Retirement Receptions and coordinate with Dietary Department and President to insure room reservations/set-ups/refreshments are in order. Also, communicate with McDonalds's Trophy World if silver tray is needed. B. Requisition funeral flowers in accordance with established policy. C. Furnish front desk assistance as needed. D. Assist co-workers with priority or special tasks. E. Perform other duties as assigned.				
	COMPLETES REQUIRED INSERVICE TRAINING ON SCHEDULE.				

Elements of Writing Instructions

1. **Introduction**

a. **subject**: usually found in the first sentence. "This manual tells you how to..."

*b. **aim**: tells the reader of the capabilities of the equipment. "This computer, depending on the software installed, may do one or more of the following: ..."

c. **intended readers:**

tells who the instructions are written for. "These instructions were written for people who don't have a strong computer background."

d. **scope:** answers the question, "What kinds of things will we learn from reading these instructions and what won't we learn?"

e. **organization:**

tells how the instructions are organized, i.e. by chapter, section, etc. "These instructions are organized into three parts."

*f. **usage:** tells how to use the set of instructions. "Read these instructions for hardware usage before you begin. Refer to the applicable software documentation if required."

*g. **motivation:**

tells your reader why he/she should read the instructions. "Read these instructions carefully so you can operate the fire extinguisher properly."

Elements of Writing Instructions (continued)

***2. Description of Equipment**

shows the location and explains the function of a piece of equipment's parts.

3. Theory of Operation

tells how what you're talking about is suppose to function versus how it might function.

4. List of Materials and Equipment

5. Directions

6. Troubleshooting Guide

* = optional

HOW TO WRITE INSTRUCTIONS

When you need to explain in writing how to do something, a set of instructions is your best choice. By enumerating the steps, you make it easy for readers to perform the process in the correct sequence. Your goal is to provide a clear, self-sufficient explanation so readers can perform the task independently.

Equipment needed: Writing materials

Preparing to Write Useful Instructions

1. Perform the task yourself, or ask experts to demonstrate it or describe it to you in detail.
2. Analyze prospective readers' familiarity with the process so you can write instructions at their level of understanding.

Making Your Instructions Clear

1. Include four elements as needed: an introduction, a list of equipment and materials, a description of the steps involved in the process, and a conclusion.
2. Explain in the opening why the process is important and how it relates to a larger purpose.
3. Divide the process into short, simple steps, presented in order of occurrence.
4. Present the steps in a numbered list, or present them in paragraph format.
5. If the process involves more than ten steps, divide them into groups or stages identified with headings.
6. Phrase each step as a command ("Do this" instead of "You should do this"); use active verbs ("Look for these signs" instead of "Be alert for these signs"); use precise, specific terms ("three" instead of "several").
7. When appropriate, indicate how readers may tell whether a step has been performed correctly and how one step may influence another. Supply warning when performing a step incorrectly could result in damage or injury, but limit the number of warnings so readers do not underestimate their importance.
8. Include diagrams of complicated devices, and refer to them in the appropriate steps.
9. Summarize the importance of the process and the expected results in the conclusion.

Testing Your Instructions

1. Review the instructions to be sure they are clear and complete. Also judge whether you have provided too much detail
2. Ask someone else to read the instructions and tell you whether they make sense and are easy to follow.

Bovee, Courtland L. and John V. Thill. Business Communications Today. New York: Random House, 1989. p

Argumentation

- What is a formal argument? It is an orderly arrangement of carefully defined terms and properly qualified statements, backed by evidence, which support a single thesis. More specifically, for us, it is a written attempt to convince or persuade the reader that he should believe something or do something, or both.

- You lead your reader to agree with you not by force or deception, but by the legitimate power of your persuasion.

- The five elements that make your formal argument persuasive are:

  a. A human approach. You must strike your reader as an honest, believable person who has a genuine interest both in what you are talking about and your reader.

  b. Solid evidence. You will not rely on assertions. You will use facts, details, statistics, or testimony from authorities to back up your statements.

  c. Authoritative evidence. Rely on practical, known authorities to back up what you're stating. Theoretical approaches aren't nearly as effective in the business community.

  d. Avoid Fallacies. Avoid logic errors and appeals to emotion.

  e. Have a clear argumentative organization. Organize your argument so that your reader can understand all its parts and how the parts relate to each other and to your main point (thesis).

Intro: State problem
State thesis
define terms

Body: first point + evidence (begin with weakest, work towards strongest)
second point + evidence
third point + evidence

Conclusion:
restate thesis and emphasize recommendations and their benefits

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> *"Communication is something so simple and difficult that we can never put it in simple words."*
>
> \- T.S. Matthews

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Section II. Writing Activities

ACTIVITY # 01

In one sentence, write what the statement, "To write is to act." means.

ACTIVITY # 02

Select one piece of paper from the in-basket your facilitator has placed on the desk. Read the scenario and respond accordingly. After you have responded, you will be asked to exchange your written response with a peer. Evaluate one another's response in terms of its effectiveness and the reader-centered writing approach that we discussed earlier.

Scenario 1:

WMC's Employee Relations Coordinator, Ann Coulter, has just informed your supervisor that registration for the second semester of the Medical Center's employee education program will begin in approximately two months. Ann has asked your supervisor, at the next department meeting, to mention the program and its registration process. She has also requested that your department discuss the relevancy of current course offerings (math, reading, business writing, medical terminology, and introduction to computers) and any suggestions for other courses.

During the meeting, Ann has suggested that your supervisor ask those people currently participating in the program to highlight their classroom experiences. Ann plans to use the participants' experiences to encourage others to enroll in the upcoming semester.

The next department meeting is scheduled for 31 August at 3:30pm. Write a memo in which you address (1) the relevancy of courses, (2) suggestions for other courses, and (3) your current educational experience. Be prepared to share this memo with the rest of your department.

Scenario 2:

You've been asked to organize your department's annual picnic. You have decided to form four committees: food, beverage, entertainment, and activities. The date for the picnic has been set for October 5th, 1992 at Jim Barnett Park in Winchester. Two people from your department have already volunteered to head up the beverage committee and the activities committee. Draft a letter to the rest of your department (1) soliciting ideas for a major theme for the outing and asking for volunteers to (2) head the two remaining committees, and (3) assist the committee heads.

Scenario 3:

You are a Security Guard who has noticed in her regularly scheduled rounds of the premises, that many hospital employees' cars are parked in the visitor's parking area. Your Supervisor has emphasized the fact that you need to remind hospital employees of WMC's parking regulations. Draft a memo for all hospital employees that (1) cites the wording of the applicable regulation, (2) explains the regulation in laymen's language, and (3) directs the employees to the proper parking areas.

Scenario 4:

The *I. V.* is beginning a new column that focuses on employees that epitomize the philosophy of the C.A.R.E. program. You know a person whom you feel deserves this recognition. Write an article for this column that (1) nominates this person (including brief background information), (2) describes the particular aspect of the C.A.R.E philosophy involved, and (3) recounts the situations in which your friend has demonstrated these characteristics.

ACTIVITY # 03

Identify a problem that exists in your department. This problem should be a procedural issue not a policy issue. Write a memo to your supervisor in which you (1) identify the problem, (2) cite examples of the problem, and (3) offer suggestions for improvement or resolution.

ACTIVITY # 04

The Business Letter

The Friendly Co-Worker Program

For the past year and a half, you have been working for WMC as a liaison between the personnel office and the DPSs in order to recruit and retain the highest quality nursing staff available. As a result, your responsibilities are quite numerous, and you often find yourself working closely with the facilitator of the WMC C.A.R.E. program because, as both you and hospital administrators believe, new hires should have the same patient/co-worker philosophy as is presented in the C.A.R.E. program.

Recently, you established a "friendly co-worker" program in which current employees are assigned to orient new employees to the company and, if necessary, to Winchester/Frederick County. Although it would be easy enough for WMC simply to mail a new employee the available printed material (such as brochures and maps) describing the area, you think that a letter from a present employee would be more personal and more effective, while creating a real team-building atmosphere.

Since you developed this idea of the "friendly co-worker" program and it has not yet been tried by anyone, you have volunteered to be the first person assigned an incoming employee. You know only the following items about the new employee: her name is Hannah Boyd; she has been hired to work in the CCU; and, she is moving here from Atlanta, Georgia. She starts work in just a month, and you're anxious to get your letter in the mail as soon as possible.

Assignment:

Following the process approach to writing that we have discussed in class, write a letter to Hannah.

ACTIVITY # 05

Scenario:

You work in the Business Office and encounter one of the situations shown below. You are aware that your department generally responds to patients by means of established form letters; however, you feel that none of the letters appropriately addresses these particular situations.

Task:

Choose one of the situations shown below and write a letter in which you identify and address the situation that needs to be resolved.

Situations:

1. A former patient, Susan Young, has sent in less than her required payment. Contact Dr. Young concerning her reduced payment.
2. John Taylor, a recent WMC patient, transferred to another facility before making payment plans with your office. Send Mr. Taylor a credit application and request proof of his income and tax returns so you can establish a payment schedule with him.
3. David Jones has an established payment plan and has paid WMC consistently over a period of three years. He has, however, recently stopped making payments. Contact Mr. Jones to see if his financial situation has changed and if he might qualify for assistance or need to adjust his payment amount.

ACTIVITY # 06

This activity relies heavily on listening skills and "asking the right questions" skills. Both of these skill groups are interconnected with technical writing and therefore provide a much needed and relevant opportunity to discuss and then exercise them. Read the following instructions, wait for your assignment, and then complete the activity.

Divide yourselves into two-person teams. Within each team, one person will label him/herself a number one and the other will label him/herself a number two. All the number ones will follow a set of directions give to them, and likewise for the number twos. The groups (of ones and twos) may not communicate in any manner about the **nature** of the given assignment.

WINCHESTER MEDICAL CENTER
DEPARTMENT OF SAFETY & SECURITY INCIDENT REPORT

Incident No. ____________________ Classification ____________________

TIMES

Date & Time Received	**Time Assigned**	**Time Arrived Scene**	**Time Cleared Scene**	**Officer Assigned**

Time of Occurrence — Day of Week — How Reported

Between Year ________ Month ________ Day ________ Time ________ Day ☐ Night ☐ Unknown ☐ ☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S Phone ☐ Alarm ☐ Personal ☐ Letter ☐ Other ☐

VICTIM

Victim's Name (Last, First, Middle-BUSINESS)	Race	Sex	DOB	Age	Business Phone
Victim's Address					Home Phone
Information Reported By	Address				Phone
Place Where Offense Occurred					

PERSONS

(W) Witnesses (S) Suspects (V) Victim (R) Runaway (M) Missing Person (A) Arrestees

Code	Name	Address	Phone	Social Security Number

DESCRIPTION

Description of all Persons (use code - (W) (S) (V) (R) (M) (A)

Code	Race	Sex	HT	WT	DOB	Age	Hair	Comp.	Eyes	Glasses	Hat	Coat	Shirt	Pants	Shoes

PROPERTY

Property - (S) Stolen (L) Lost (F) Found (D) Damaged (R) Recovered (E) Evidence

Code	QTY	Description	Serial No.	Value	NCIC Date Entered	NCIC Date Removed

NARRATIVE

Latents Lifted Y☐ N☐	Statements Taken Y☐ N☐	Photos Taken Y☐ N☐	Disposition of Evidence	Total	Property Card No.

☐ Suspect Vehicle - (Color) ____________ (Year) ______ (Make) ____________ (Model) ____________
☐ Victim (License #) ____________ (State) ____________ (Place Towed) ____________

Narrative - include details not mentioned above

Follow Up Assigned 2 ☐ 3 ☐

Officer Assigned ______________________________

Case Cleared by: Arrest ☐ Cleared Other Means ☐
Juvenile Card(s) Made ☐ Nos. ____________
Unfounded ☐

Will Prosecute Yes ☐ No ☐
Case File Yes ☐ No ☐
Report for Commonwealth Yes ☐ No ☐
Entered Computer ____________
Completed By Records ____________

Report Made by ______________________ **Approved by** ______________________ **Date** __________

Reviewed by 347 **Date** __________

VICTIM ______
CLASSIFICATION ______
INCIDENT NO. ______

WINCHESTER MEDICAL CENTER
DEPARTMENT OF SAFETY & SECURITY SUPPLEMENTARY REPORT

No.____________

Page No. __________

Classification of Offense — UCR CODE

VICTIM'S NAME (Last name first)

Census Tract ________

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION SUPPLIED BY ME IS TRUE AND CORRECT, AND THAT I WILL TESTIFY IN COURT A ASSIST IN THE PROSECUTION OF ANY AND ALL PERSONS RESPONSIBLE.

____

SIGNATURE — COMPLAINANT/VICTIM

STATUS: ☐ UNFOUNDED ☐ CLEARED-ARREST ☐ PENDING
☐ INACTIVE ☐ EXCEPTIONAL CLEARANCE

ENTERED COMPUTER________ CLEARED COMPUTER________ COMPLETED BY RECORDS________

REPORT MADE BY ________ APPROVED BY ________ DATE ________

REVIEWED ________ DATE ________

ACTIVITY # 06 - QUESTIONS

1. What are listening skills?

2. How do they impact technical writing?

3. Did you find any part of the activity difficult to complete? If so, which part?

4. What did you learn from this assignment?

5. Would you handle the interviewing and writing portion of the assignment any differently if you were required to perform it again?

ACTIVITY # 07

Brainstorm for five minutes the job related tasks you perform on a daily basis.

Your facilitator will provide you with a copy of your current job description. Read this document carefully and note any discrepancies you find between the job description and the activities you actually perform.

Task:

Write a comparison paper in which you compare/contrast your job description and your normal, daily activities.

ACTIVITY # 08

Writing Instructions

Choose an activity you perform regularly on your job. Write a set of instructions that reflect the necessary steps to be taken in order to perform the activity successfully.

Your paper should include the appropriate elements from the lists on pages 41-42, in Section I of this Activity Book.

ACTIVITY # 09

Leslie Kelley, from WMC's Personnel Department, received a call from James Wood High School's (JWHS) academic and vocational guidance counselors in which they asked if supervisors from various departments would be willing to meet with JWHS students in order to explain their department's function. After her conversation with the guidance counselors, Leslie contacted supervisors from the following departments:

- Orthopedics
- Inpatient Insurance
- Shenandoah Valley Cancer Center
- Security
- Credit
- Respiratory Services
- Radiology
- Environmental Services
- Laboratory
- Dispatch
- Occupational Therapy
- Nutrition Services
- Personnel
- Volunteers
- COE Student
- Recovery Room

Your supervisor believes speaking with high school seniors is a very valuable tool in recruiting potential employees; however, he/she will be on vacation during the week the students are coming to the Medical Center. As a result, your supervisor has asked you to explain your department's function within the WMC environment.

Your facilitator will provide you with a list of the persons who will be meeting with the JWHS students and the department they will be representing. After receiving the list, (1) interview the person in this class that actually represents the department you will discussing, (2) generate ideas, using one of the techniques we discussed in class, about what you will include in your presentation, and (3) write up your ideas in paragraph form. (Don't forget about the process approach!)

ACTIVITY # 10

(This scenario is fabricated for the purposes of this class!)

WMC is revising its procedure for the way it handles employee performance evaluations. The new method of evaluation will be for each employee to write a persuasive narrative in which he/she reports on his/her activities for the preceding year and indicates why he/she should receive a merit salary increase. Remember that each employee must fully support and document his/her case. This will be the only opportunity to become eligible for this hypothetical merit salary increase.

Things to think about:

Section III. Grammar Activities

Ten Sentences - Grammar Review

Identify and correct any errors you find in the sentences below.

1. The Writer's Forum. Do you enjoy writing and are looking for helpful criticism to improve?

2. We are planning to revert back to personal contact as our main sales strategy.

3. Our telephone offers some very unique features.

4. She died in the home in which she was born at the age of 88.

5. Past experience shows that Michael is a reliable employee.

6. It is the most unique movie you will ever see.

7. The parent ordered the children to sit down angrily.

8. (Newspaper headline) "Child teaching expert to speak." - Birmingham Post Herald.

Ten Sentences - Grammar Review (continued)

9. By the time I arrived, the festivities were over with.

10. "Abraham Lincoln wrote the Gettysburg Address while traveling from Washington to Gettysburg on the back of an envelope." - Louis Untermeyer

Modifier Errors (and other unintentional grammatical slips...)

Taken from actual advertisements and signs:

"Caution: Blade Extremely Sharp! Keep Out of Children!

"Dog for sale, eats anything, especially fond of children."

"Semi-Live Entertainment"

Taken from actual insurance accident forms:

"The guy was all over the road; I had to swerve a number of times before I hit him."

"I pulled away from the side of the road, glanced at my mother-in-law, and headed over the embankment."

"The pedestrian had no idea which way to go, so I ran over him."

Taken from actual welfare applications:

"Mrs. Jones hasn't had any clothes for a year and has been visited regularly by the clergy."

"I am glad to report that my husband who is missing is dead."

Taken from actual physician dictations:

"Patient died in his 90's of female trouble in prostate and kidneys."

"Discharge status: Alive but without permission."

"Both the patient and the nurse herself reported passing flatus."

From:
Paulson, Terry L. Making Humor Work: Take Your Job Seriously and Yourself Lightly. Los Altos, Ca: Crisp Publications, Inc., 1989. p. 44.

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Redundant Word Pairs

Do you or have you ever used any of the following redundant word pairs?

Use...	Instead of...
about	at about
above	up above
alike	both alike
band	live band
beginner	new beginner
check	check into
connect	connect up
continue	continue on
converted	converted over
cooperate	cooperate together
enter	enter into
etc.	and etc.
experience	past experience
foresight	prior foresight
gift	free gift
identical	same identical
otherwise	as otherwise
plan	pre-plan
practice	customary practice
repeat	repeat again
same	exact same
together	both together

Classic Humorous Memos

Halley's Comet Has a Special Visit

An insurance carrier shared this series of memos on "Halley's Comet and the Communication Gap."

President to Vice President: "Tomorrow, at approximately 9:00pm, Halley's Comet will be visible in this area, an event which occurs only once every 75 years. Have all employees assemble in the parking lot and I will explain this rare phenomenon to them. In case of rain we will not be able to see anything, so assemble in the cafeteria and I will show them films on it.

Regional Directors to Office Managers (two memos later): "By executive order of the president, tomorrow at 9:00am the phenomenal Halley's Comet will appear in the cafeteria. In case of rain in the parking lot, the president will give an order, something that takes place only once every 75 years."

From:
Paulson, Terry L. *Making Humor Work: Take Your Job Seriously and Yourself Lightly*. Los Altos, CA: Crisp Publications, Inc., 1989, p. 27.

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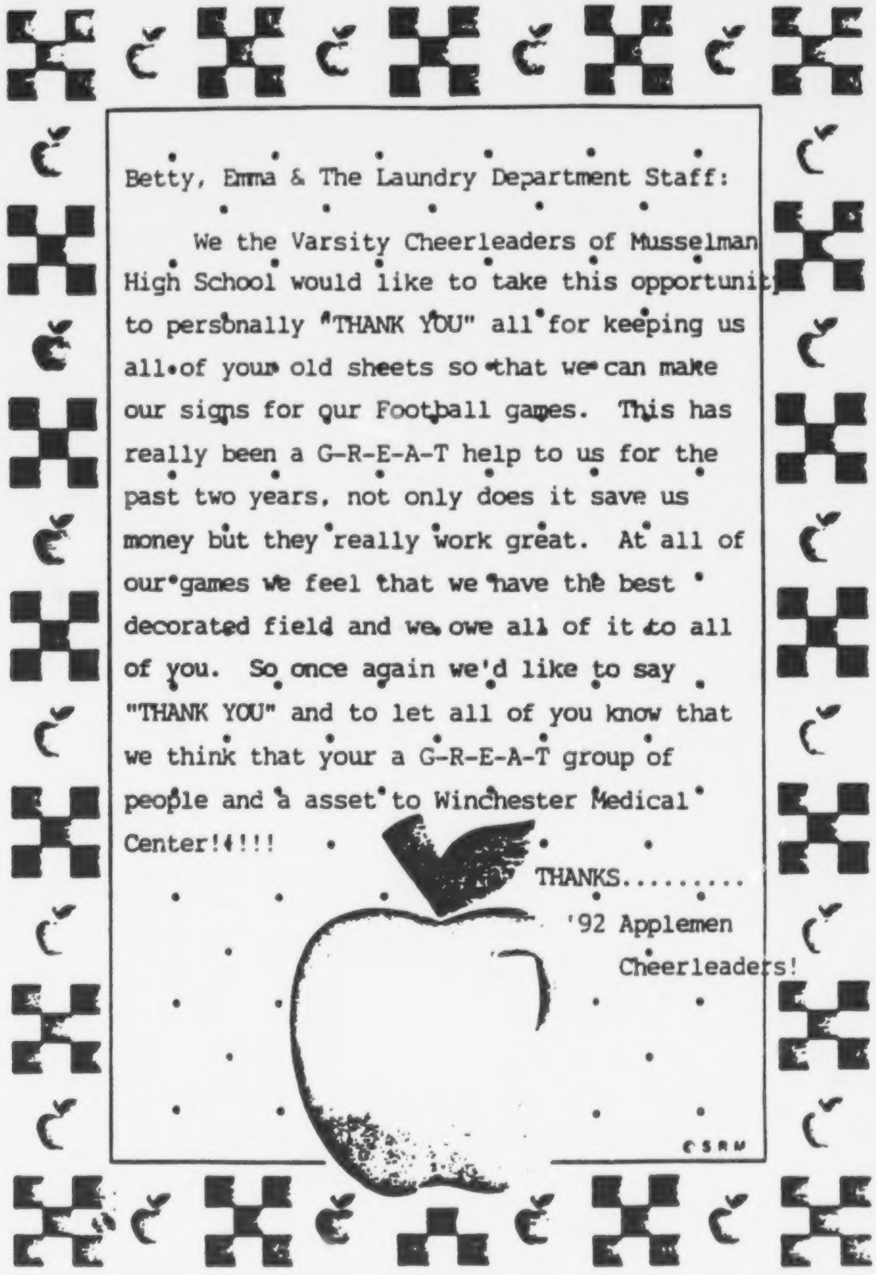

Betty, Emma & The Laundry Department Staff:

We the Varsity Cheerleaders of Musselman High School would like to take this opportuni to personally "THANK YOU" all for keeping us all of your old sheets so that we can make our signs for our Football games. This has really been a G-R-E-A-T help to us for the past two years, not only does it save us money but they really work great. At all of our games we feel that we have the best decorated field and we owe all of it to all of you. So once again we'd like to say "THANK YOU" and to let all of you know that we think that your a G-R-E-A-T group of people and a asset to Winchester Medical Center!!!!!

THANKS.........
'92 Applemen
Cheerleade s!

GEVALIA KAFFE IMPORT SERVICE
A special service of Victor Th. Engwall & Co. of Gävle, Sweden

*By Appointment to
His Majesty the King of Sweden*

T-1

Dear Tamara

Why are we offering you a rather costly Automatic Drip Coffeemaker free, just for trying Gevalia® Kaffe?

For that matter, why are we giving you a choice of classic Coffeemaker colors--stunning jet black or elegant soft white?

Quite simply, it's to ensure that you taste our unique coffee at its richest and most flavorful. Once you do, we're hoping you'll want to continue enjoying it.

Frankly, it isn't much of a gamble. Because you were selected to receive this offer as someone who has shown a preference for the finer things in life. Just the sort of person most likely to enjoy Gevalia.

With your first sip, you'll be joining a select circle of American coffee lovers who share an obsession that began in the small port town of Gavle, Sweden in 1853. For that is when our founder, Victor Theodor Engwall, started his company that led to the search for a perfect cup of coffee.

The quest was handed down through generations of Engwalls. They roasted, tasted, tested and blended the world's finest coffee beans until they were satisfied there was no better coffee. In time, Gevalia was appointed coffee purveyor to Sweden's Royal Court, an honor we still hold.

Today, Kings and coffee lovers alike still prize Gevalia highly. For we continue to blend up to six superb coffees from the world's greatest plantations. Kenyan AA beans. Sul de Minas beans from the rain forests of Brazil. Popayan from Colombia. Beans from the mountains of Guatemala, and more.

But the most important taste test is yet to come. Now you can obtain a Trial Shipment of Gevalia Kaffe, one pound, for the special price of $10.00. Just complete and return the enclosed reservation certificate.

(over, please...)

Patient Registration Representatives:

Welcome to the Patient Registration System for Winchester Medical Center!

We have composed the following booklet, which I hope you will find helpful, in endeavoring to improve our overall accuracy for patient registrations, so that our patients will be properly registered, not only for our convenience but for the convenience of our Doctors and other supporting staff.

We have endeavored to assist you in all areas so that you will know why the information is required and how it is used. Rest assured that the information required does play a major part in reimbursement by third party payors and consequently is for the benefit of the patient as well as the medical center.

I hope you will find this booklet helpful and that you will refer to it if you have questions. If you feel that there is anything further that we can do for you in this regard, please contact me on extension 8065 or Sharon Wysong, extension 8064. Either of us will welcome your input and suggestions.

WINCHESTER
MEDICAL
CENTER
A Subsidiary Of Winchester
Regional Health Systems

November 6, 1992

Dear Employee:

Winchester Medical Center has received Board of Directors' approval for its 1993 budget that provides for no rate increase in hospital charges. This is following a 1992 budget that included only a 2.9% increase in rates. The 1993 budget also calls for the continuation of the current merit pay system (0-7% range) as well as periodic reviews of competitive salary rates with adjustments being made by job category where warranted. The budgeted impact of salary increases exceeds 4%.

The 1993 compensation program for employees will continue to be based on the long standing philosophy of rewarding meritorious job performance. We will continue to structure salary ranges based on survey information gathered from local, regional and national employers. Salary survey information is upgraded routinely throughout the year and pay scale adjustments are made when appropriate.

As in previous years, the following guidelines will be used for merit increases based on job performance:

Below job standards	0%
Meeting job standards	3%
Exceeding job standards	5%
Outstanding performance	7%

Winchester Medical Center is sensitive to the high cost of health care today in the United States and is committed to being the high quality/low cost provider in the region. Sensitivity to hospital charges paid by our patients and/or their employers is coupled with a genuine sensitivity to the salary needs of each employee. The 1993 budget strikes a balance between these two demands placed upon Winchester Medical Center.

Current hospital charge information indicates Winchester Medical Center is essentially the best value in this region compared to other local area hospitals and high intensity hospitals. Since other hospitals will probably increase rates in 1993, the spread between Winchester Medical Center rates and others will increase making Winchester Medical Center an even better value for those who need health care services in 1993.

I hope you will join me in continuing to work together with our medical staff to help reduce health care costs. The community we serve expects the highest quality medical care at the lowest possible cost. Our commitment is to provide that value to all who require our services.

Section IV. Participant Writing Samples

ACTIVITY # 02 - The Memo

no sample available, sorry!

ACTIVITY # 03 - The Memo

no sample available, sorry!

ACTIVITY # 04 - The Business Letter

12 October 1992

Ms. Hannah Boyd
Atlanta, Georgia

Dear Hannah:

As fellow co-workers, we are writing to welcome you to Winchester Medical Center. We are enclosing quite a few items of information about Winchester and the surrounding area. We decided to tell you about the Winchester area instead of the hospital because we don't want you to overdose on hospital orientation! We feel that everything you need to know about the hospital you will receive in your orientation program. So, here's some useful information about the Winchester and Frederick County areas.

The city of Winchester has an estimated population of 22,000. Frederick County which surrounds the city has approximately 43,000 residents.

We are located seventy-six miles from Washington, D.C. and ninety-seven miles from Baltimore, Maryland. Washington is a great place to visit. Some items of interest for a day trip to D.C. are the Kennedy Center, Smithsonian Institute, Washington Monument, the White House, and the National Zoo. The Inner Harbor in Baltimore is a great place for shopping and eating. If you have kids, it's fun for them too with the National Aquarium located next door.

We have included a brochure on housing, but unfortunately most of the homes are located in Northern Virginia. Also, we included a pamphlet of area real estate agents that might be of great help.

There are fourteen elementary schools, three junior high schools, and three high schools located in the Winchester/Frederick County areas. Private schools include Powhatan and Sacred Heart Academy. Local colleges include Lord Fairfax Community College and Shenandoah University.

Winchester has eleven shopping centers. Just one, for example, is Apple Blossom Mall. It has over seventy-five stores and twelve restaurants to choose from. Apple Blossom Mall also includes a movie theater that has a separate entrance for after mall hour movies.

Winchester and Frederick County have a wide variety of churches for you and your family to choose from. Some churches are Baptist, Assemblies of God, Catholic, Lutheran, and Methodist.

You and your family would not have far to go for art and culture. In Winchester, Shenandoah University strongly supports the arts. The university has concerts, recitals, plays, operas, and musicals each year. Located only a short distance away in Middletown, Virginia is Wayside Theater which presents professionally-acted plays through the summer and late into fall.

Winchester and Frederick County have a wide field to choose from for dining and lodging. We have included a brochure on both.

You will find that Winchester is like the "hub" of a wheel with many points of interesting places surrounding it. We hope that the information that we have included is helpful and that you will find everything that you and your family desire.

Feel free to give us a call when you arrive in the area. We will be glad to help you in any way possible. We'd love to be the "welcome wagon" your first night in town!

Sincerely,

(names)

Enclosures: Directory of Real Estate Agents
Harmon Houses Marketplace
Winchester Frederick County Manual
Dining and Lodging Guide
"A Slice" of the Winchester/Frederick County Area

cc: Personnel
Nurse Recruitment

October 19, 1992

Ms. Hannah Boyd
Atlanta, Georgia

Dear Hannah,

As an employee of Winchester Medical Center, and originator of our Friendly Co-worker program, I have been assigned to welcome you here and introduce you to our town, its places and its faces.

I understand you will be here in just one month, which is just around the corner. Perhaps you have never been to Virginia before, much less to Winchester, so I am enclosing two maps. Also enclosed is a brochure that is nicely illustrated which describes our part of the country. We are also close to Maryland and West Virginia, so you can see we're within driving distance of many different shopping areas and other points of interest.

If perhaps you might be interested in taking some night classes, Winchester does have Shenandoah University as well as Lord Fairfax Community College ten miles away in Middletown.

Our downtown mall is closed off to cars for about a half square mile. There enjoy one bookstore, and some quaint smaller shops and restaurants. Apple Blossom Mall, with the larger chain stores and cinema complex, is located about three miles from downtown. Other cinema complexes are located near by and across town.

Wing it away for the weekend to our unique Dulles International Airport, one and a half hours away which is served by all the major carriers. Also, Washington National Airport is only two hours away.

To experience the real hustle and bustle of Northern Virginia, along with the traffic, there are two major shopping malls - Tysons and Fair Oaks - both about one and a half hours away.

Downtown Washington, D.C. is about seventy-five miles away and can be reached by Metro Rail from Vienna, Virginia, which is about an hour away. The Smithsonian and the National Art Gallery, along with many other points of interest are located there. One of our benefits is scheduled monthly bus trips, either free or for only a minimum fee. These two particular fascinating places are occasionally one of the bus trip choices as you can see from the enclosed sample.

As a prospective employee, you will of course be interested in orientation for RNs; it is quite extensive, but then again one can never be made to feel too much at home. There is first general orientation. Then you will have a department or floor orientation - followed by unit orientation, where by you will be introduced to your nurse preceptor and receive on-the-job training (OJT).

The particular unit you have shown interest in, Coronary Care Unit, has eight and twelve hour shifts, with every other weekend off. You most likely will get a combination day and night schedule, or all nights, in the beginning. Uniforms in this unit are a warm forest green and are supplied by the hospital.

Our day care center for infants and children is right on the hospital campus and open from 6:00am to 6:00pm. The campus includes a lake, as well as a lovely walking or jogging pathway.

Last, but not least, our cafeteria serves hot, almost home-cooked food from 6:00am to 9:00pm, and again from 11:00pm to 3:00am, so all shifts may enjoy its convenience. All employees also enjoy a 50% discount in the price of a meal and enjoy a wide variety of foods.

If by now we haven't talked you into coming to Winchester, let me just add a few incentives regarding moving. We do have relocation assistance for RNs that provides up to $1,000 of coverage. Benefits also include twenty days of paid leave per year, 100% tuition reimbursement, as well as hospitalization and dental insurance.

I hope to see you soon and meet you in person.

Sincerely,

(name)

Enclosures:
Winchester/Frederick County Virginia brochure
WMC bus trip opportunities
WMC map
Winchester street map
Map of surrounding areas

cc: Personnel
Nurse Recruitment

ACTIVITY # 05 - The Business Letter

Scenario #1

April 28, 1993

Patient Name
Address
Address

Dear (patient name):

I have received and appreciate your last payment in the amount of $______ for your medical bill. However, this amount is less than your required payment of $______.

You and I need to discuss your account, your situation, and your options. If I do not hear from you in ten days, further action must be taken.

I am sure we can resolve this quickly. Please give me a call, and thank you for your time.

Sincerely,

Patient Accounts

Scenario #2

April 28, 1993

Patient Name
Address
Address

Dear _____________:

I am contacting you to establish a payment schedule for your medical bill. I have enclosed a credit application for you to fill out. You need to send me proof of your current income and your last year's tax return. After collecting this information, please sent it to me. I will then contact you to discuss and to set up a payment schedule.

If I do not hear from you within ten days, I will set up a payment schedule based on the information we have.

Sincerely,

Patient Accounts

Scenario #3

Dear Mr. Jones:

During the past three years, you have been very consistent in making your monthly payments to WMC. We appreciate your prompt payments, however, we have not received any payments from you since January 1993.

If your financial situation has changes, it may be that you qualify for assistance or that your payment amount needs to be adjusted.

WMC would like to help you in any way we can. Please contact me to discuss the matter.

Sincerely,

ACTIVITY # 06 - Short Report Writing and Listening Skills

no sample available, sorry!

ACTIVITY # 07 - Report Writing - Compare/Contrast

I recently reviewed my job description and found my duties are more involved than the functions listed.

The functions of a Personnel Assistant according to the job description is:

- Initiate and maintain personnel files, both hard copy and through data entry into the computer system.
- Review all transaction forms for accuracy , consistency and compliance with Medical Center policy and insure that transaction data are recorded appropriately and in a timely manner.
- Maintain accurate and current personnel files, records of transactions and pay adjustments and other appropriate filing systems as needed insuring that all records are accessible and in proper order.
- Prepare special reports, data gathering and computer printouts as needed.
- Assist department managers, supervisors and employees with questions and information need while maintaining appropriate confidentiality.
- Generate the performance review and COBRA notifications and other reports which may be required.
- Assist other Personnel Department units in providing information needs and coordination of efforts.

In addition to all the functions above, my job also requires:

- Enter all deductions - taxes, Blue Cross/Blue Shield, child care tuition, savings and Frederick County credit union.
- Coordinate with payroll the starting and ending of garnishments.
- Record on paper all changes in transactions to report to payroll and various departments.
- Prepare final paycheck list for Credit, Child Care, Accounts Payables, Laundry, and Benefits coordinator to insure employees have paid or made arrangements to pay all outstanding debts.
- Insure all terminated employees have turned in all Medical Center property and release their final paycheck.
- Report to Employee Relations any badges not turned in by terminated employees.
- Enter employees' inservices attended during orientation.

My job is a very important and a more involved function than my job description states. Accuracy is critical because my duties affect various departments throughout the Medical Center.

ACTIVITY # 08 - Instructions

Drawing A Radial Arterial Blood Gas

I. These instructions will describe the correct protocol for drawing a radial arterial blood gas. These instructions were written only for a credentialed therapist, certified in arterial blood gases.

Following the instructions the practitioners will learn to evaluate the patient for adequate blood flow to the hand; locate the radial artery; remove the blood from the artery and curtail the bleeding.

The protocol is organized into four section: notification; verification; evaluation; and extraction.

By following these instructions in the order presented, the practitioner will be able to draw an arterial blood gas with no harm to the patient.

II. Description of Equipment

A.) Blood Gas Kit Contents

1. identification table
2. 2x2" gauze
3. alcohol wipe
4. rubber cube
5. syringe cap
6. ice bag
7. dry heparin 3cc syringe

III. Protocol

A.) Notification:

1. A physician's order must be in the patient's chart asking for an arterial blood gas to be drawn.
2. The floor secretary will take the order off the patient's chart and notify Respiratory Services through the computer system. This is done by generating an arterial blood gas slip from the computer and sending it to Respiratory Services.
3. Once the notification has been received the procedure begins.

B.) Verification:

1. The practitioner will go to the patient's chart and verify the physician's order.
2. The practitioner will check the chart to see if the patient is on any blood coagulants.
3. The practitioner will read the patient's history.

4. The practitioner will review the previous blood gases.
5. The practitioner will check to see what FIO_2 the patient is receiving.

C.) Evaluation:

1. The practitioner will enter the patient's room and identify himself.
2. The practitioner will state the purpose of being in the patient's room
3. The practitioner will ask to evaluate the radial artery for good pulses.
4. The practitioner will locate the pulse in the radial artery and complete the Allens Test, to evaluate adequate blood flow to the hand. This is done by grasping the hand and occluding the blood flow of the ulnar and radial arteries for 15 seconds. After 15 seconds has passes, release the pressure on both arteries and watch how fast the color or blood flow returns to the hand.
5. If the blood flow is slow to return try the other hand.
6. Once the Allens Test has been completed prepare for blood extraction.

D.) Extraction:

1. Open the blood gas kit and take the plastic bag out. Fill it 1/4 full of crushed ice from the floor ice machine.
2. Have the patient positioned in a semi-flowers position.
3. Fill out the patient's label from the blood gas kit.
4. Adorn a pair of latex gloves from the patient's room.
5. Take the patient's hand and feel for the radial pulse.
6. Once a good bounding pulse has been located, open the alcohol wipe from the blood gas kit and cleanse the stick site.
7. Lay out the articles of equipment in the blood gas kit on a bedside table within easy reach.
8. The practitioner will pull the barrel of the 3cc blood gas syringe back to 2cc.
9. The practitioner will locate the bounding radial pulse again with his free forefinger.
10. The practitioner will hold the syringe at a 45° angle facing the patient with its bevel up in the other hand.
11. Insert bevel up syringe at 45° angle into the radial artery. The location is about 1 to 1 1/2 inches distal to start of the thumb joint.
12. When arterial blood starts to enter the syringe, hold the syringe steady until 2cc of blood has been extracted.
13. When 2cc of blood has been extracted the practitioner will remove the syringes from the radial artery and immediately place the 2x2" gauze on the stick site and hold pressure for 5 minutes.
14. With the other free hand the practitioner will insert the syringe 5 times to mix the blood with the dry heparin already in the syringe.
15. After inverting the syringe, the practitioner will stick the syringe needle into the rubber cube and then place the syringes filled blood into the bag of ice.
16. After holding the stick site for 5 minutes, the practitioner will check the site to see if bleeding has subsided.

17. If the bleeding has stopped, take the syringe out of the ice bag and remove the needle from the syringe and replace it with the needle cap.
18. The practitioner will place the discarded needle into a needle box located in the patient's room.
19. The practitioner will place the syringe back into the ice bag and then fill out the information on the computer slip.
20. The practitioner will send the blood gas syringe and the computer slip to the lab through the hospital tube system.

How To Set Up Trapeze and Leg Exercisor

I. Introduction:

These instructions will tell you how to safely set up the trapeze and leg exercisor. This equipment is used for a person with a fractured hip. These instructions are written for someone who has no knowledge of traction equipment. After reading these instructions, a person should be able to construct a trapeze and lege exercisor with safety and without difficulty.

II. Organization of Instructions:

The body of these instructions is organized into three sections - A. Parts To Be Assembled; B. How To Set Up Equipment; and, C. How To Use Equipment.

III. Parts To Be Assembled:

A. Trapeze and frame assembly - sell illustration on frame assembly page 1.
4 I.V. post clamps
2 36" straight bars
1 cross clamp
1 31" double clamp S bar
1 48" swivel clamp bar
1 long telescoping bar
1 27" curved bar (not in illustration)
1 trapeze

B. Leg Exercisor Assembly
1 head board to frame connector
1 overhead connector
1 chain link support
1 or 2 straps

IV. How To Set Up Equipment

1. Place I.V. Post Clamps into the slots at the foot and head of the bed. See illustration 2.
2. Place 36" straight bars (one at the foot and one at the head) into I.V. Post Clamps, secure and tighten (illustration 1).
3. Connect cross clamp to the 36" straight bar at the foot of the bed. Clamp goes in the center (length wise).
4. Connect 31" S bar to the 36" straight bar at the head of the bed (illustration 1).
5. Place 48" single clamp bar into cross clamp and secure at the foot of the bed

(illustration 1).
6. Attach long telescoping bar to clamps at the top of the bed and tighten. Make sure telescoping bar is parallel to bed (illustration 1).
7. Attach 27" double clamp curved bar to 48" single clamp bar and telescoping bar to keep frame stable (not shown in illustration).
8. Attach trapeze to telescoping bar at chest level.

Setting Up A Leg Exercisor For A Right Fractured Hip

1. Refer to illustration 4 number 4. Attach head board to frame connector clamps to 36" bar and the springs underneath the bed. (you may have to slide 31" S bar slightly to the left.) Tighten with the bottom clamp.

2. Insert the overhead piece into frame connector. (See illustration 4 number 3.)

3. Attach chain link to hook on overhead piece.

Using The Leg Exercisor

1. Place strap under calf of R leg.
2. Pull overhead piece down and attach the hook to the 4 holes in the straps.
3. Release leg exercisor until leg is 6 to 8 inches off the bed. You may have to adjust the links to get the correct height.
4. Press leg down and touch the bed. Hold for count of two and release. Do 10 reps, and stop. Rest for 30 seconds, then do 10 more. Rest, and repeat cycle. Exercise for 20 minutes.

ACTIVITY # 09 - Presentation Preparation

To be a Certified Nursing Assistant, you need to be energetic and have a good personality. First impressions are lasting impressions!

If you go to a patient's room who has just come from surgery, and you have a smile on your face, it would brighten the patient's day. If you have a chip on your shoulder it reflects on the patient's recovery. You need to step lively to attend to all of your patient's needs. If you have a post-op patient, his temperature and vital signs need to be taken every four hours. With a patient that is almost fully recovered, you only need to take his vitals at the beginning of a shift. The patient needs to be bathed daily. One patient may need more help than another depending on his state of recovery. It is hectic when you have **four** patients asking for something to drink, and a post-op patient that needed vitals taken. You need to take the patient's vital signs, and then get the **other** patients their drinks. If you are a dynamic person with a good personality, this job may be for you.

BEST COPY AVAILABLE

ACTIVITY #10 - The Persuasive Report

no sample available. sorry!

ACTIVITY # 09 - Presentation Preparation

To be a Certified Nursing Assistant, you need to be energetic and have a good personality. First impressions are lasting impressions!

If you go to a patient's room who has just come from surgery, and you have a simile on your face, it would brighten the patient's day. If you have a chip on your shoulder it reflects on the patient's recovery. You need to step lively to attend to all of your patient's needs. If you have a post-op patient, his temperature and vital signs need to be taken every four hours. With a patient that is almost fully recovered, you only need to take his vitals at the beginning of a shift. The patient needs to be bathed daily. One patient may need more help than another depending on his state of recovery. It is hectic when you have four patients asking for something to drink, and a post-op patient that needs vitals taken. You need to take the patient's vital signs, and then get the other patients their drinks. If you are a dynamic person with a good personality, this job maybe for you.

ACTIVITY #10 - The Persuasive Report

no sample available, sorry!

Evaluation Materials

PROJECT PRO
SUPERVISOR EVALUATION FORM

Name: ______________________________ Date: ______________
Department: __________________________

WHAT IS PROJECT PRO?

Project PRO is a workplace literacy educational program designed to increase the participant's skills so as to improve their workplace performance in this technical age. The courses are designed so that participants use thinking, problem-solving, communication, and teamwork skills to improve their reading, math, and writing abilities.

REASON FOR SURVEY: Funding for this project is through a federal grant which requires an evaluation of the effectiveness of the program. We realize that 12 weeks of classroom experience can not achieve dramatically significant changes. However, we would like to have some feedback for program evaluation purposes from supervisors as to the progress, if any, they think has been made by the participants from their departments. We would appreciate your taking time to complete this form.

How many Project PRO participants do you supervise? ____________

A. Have you observed in the Project PRO participants you supervise:

1. Any change in their workplace performance? YES NO
If yes, these are some of the answers we have received. You may want to circle the ones you have observed or describe others:

Improved their communication skills Y N
Increased their productivity Y N
Fewer absences, improved attendance Y N
More confidence/pride in their work Y N
Other, Please Describe in Detail ______________________
____
____

2. Any new skills or transfer of classroom skills on their job. YES NO

If yes, please describe:

3. Any teambuilding behaviors or greater cooperation with fellow workers? YES NO

If yes, please describe:

4. Any change in their problem-solving abilities? YES NO

If yes, please describe:

5. Has there been any change in their thinking abilities as evidenced by behaviors such as asking questions, attempting to clarify instructions, and reading and using resources (including yourself and other people) to help perform their work. YES NO

If yes, please describe:

B. Based on the current Project PRO participants' performance, would you encourage other employees you supervise to participate in the program? YES NO

C. Would you recommend to another supervisor that they encourage their employees to attend Project PRO classes? YES NO

D. If applicable, please discuss other things that Project PRO classes could cover which would benefit your department?

E. In your opinion, do Project PRO participants from your department seem to be better employees as a result of their participation in this program?

PROJECT
PRO
PROFESSIONAL READINESS OPPORTU

WINCHESTER MEDICAL CENTER
EVALUATION OF PROJECT PRO COURSE

Course Title: ______________________________
Date: ______________ Number of years at WMC: __________
Your Dept.: ____________________ How long: __________
Job Title: ____________________ How long: __________
Age: ____ Sex: ________

Participation in Project Pro is designed to assist you in developing and using your thinking and problem solving skills. Success in developing these skills is brought about by classroom practice.

In order to assist us in improving our methods, we would like your feedback on your progress and ours for the semester. If you would complete the following questions using the back of the paper if necessary, we would appreciate it.

1. How many classes in this course have you attended: ____
2. How much time per week do you put into the learning process (include classroom hours): ____________________
3. What were your immediate goals that you wanted to achieve by attending this course?

4. Did the course assist you in achieving your goal? Yes No
   a. Tested higher on a GED test ____
   b. Improved my communication skills on the job ____
   c. Improved my communication skills at home ____
   d. Increased my productivity at work ____
   e. Improved my attendance at work ____
   f. Increased my confidence (self-esteem) ____
   g. Other ______________________________

   If possible, please describe how the course assisted you.

5. List all the new skills you have developed since you have been in the course.

6. Are you using or can you use those skills on the job? Yes No
Please describe.

7. What new goals, either personal or educational, have you thought about trying since you have been in this class?

8. Are you getting enough help from your teacher? Yes or No
If not, how could the teacher improve?

9. What can we do as a team to improve your progress?

Please circle one number to show how you would rate each item.

10. How would you rate this course:
Very interesting 7 6 5 4 3 2 1 Boring

11. How would you rate this course:
Very useful on the job 7 6 5 4 3 2 1 Not practical

12. How would you rate this course:
Much too difficult 7 6 5 4 3 2 1 Much too easy

13. How would you rate this course:
Very useful outside of work 7 6 5 4 3 2 1 Not practical

14. How would you rate the materials used in this course:
Very interesting 7 6 5 4 3 2 1 Boring

15. How would you rate the materials used in this course:
Very useful on the job 7 6 5 4 3 2 1 Not practical

16. How would you rate the materials used in this course:
Much too difficult 7 6 5 4 3 2 1 Much too easy

PROJECT PRO

PRO AT WORK

Please complete this form when an employee who has attended Project PRO demonstrates skills, knowledge, increased productivity, or other positive behaviors.

Employee(s) ____________________

Department ____________________

Check as many as apply:

____ Demonstrated increased confidence/self esteem
____ Transferred classroom knowledge to workplace activity
____ Demonstrated problem solving abilities
____ Shared knowledge with co-worker(s)
____ Used improved communication skills
____ Other (Please specify) ____________________

____ Initiated teamwork
____ Instructed co-worker(s)
____ Asked insightful question(s)
____ Generated valuable suggestion(s)

PLEASE DESCRIBE THE INCIDENT AS FULLY AS POSSIBLE:

____

____

____

____

Supervisor: ____________________ Date: ____________________

Original: To Project PRO through interoffice mail First Copy: To Employee Second Copy: For Your Records

Project PRO - Ext. 8980

PROJECT PRO: VIDEO EVALUATION

1. Did the participant contribute or attempt to contribute to the discussion?

2. Did the participant's contributions reveal evidence of vocabulary development?

3. Did the participant's contributions reveal an evaluation of his or her reading skills?

4. Did the participant's contributions show that he/she was analyzing ideas and concepts in that he/she

   (1) analyzed elements (finding assumptions, distinguishing facts from opinion);

   (2) analyzed relationships (relevant data, cause and effect, fallacies); or

   (3) analyzed organizational principles (form and style, inferring author's purpose) (SAX, 1989)

5. Did the participant's contributions reveal his/her use of problem-solving strategies (i.e. breaking problems into parts, seeing problem-solving as a process, working in a step-by-step manner, developing solutions, and supplying reasons for the solutions)?

6. Did the participant talk about his/her experience using resources?

7. Did the participant's contributions show that he/she understands and knows how to apply ideas?

8. Did the participant's contributions show that he/she makes connections and understands relationships among ideas, topics, and facts?

9. Did the participant's contributions reveal evidence of the following components of evaluation:

   (1) a commitment to and a value of the worthiness of a task, idea, or concept?

   (2) has a philosophy of life; knows who she/he is and what she/he stands for; and acts accordingly?

10. Did the participant's contributions show evidence that he or she took responsibility for his/her own learning?

YOUR NAME: ______________________________ DATE: __________

PLACE A MARK (/) IN THE BLOCK AS EACH PARTICIPANT MAKES AN APPROPRIATE COMMENT. ADD THE NUMBER OF MARKS AND WRITE IT UNDER THE BLOCK FOR A FINAL SCORE. PARTICIPANTS ARE NUMBERED FROM LEFT TO RIGHT #1 TO #6 (DO NOT COUNT THE INTERVIEWER, LEE ANNE TURNER.)

COMMUNICATION/READING SKILLS:

CONTRIBUTES TO DISCUSSION ...
Participant

#1	#2	#3	#4	#5	#6

SHOWS VOCABULARY DEVELOPMENT...
Participant

#1	#2	#3	#4	#5	#6

EVALUATES OWN READING SKILLS...
Participant

#1	#2	#3	#4	#5	#6

ANALYZES WRITTEN MATERIAL...
Participant

#1	#2	#3	#4	#5	#6

PROBLEM-SOLVING:

DEVELOPS AND USES PROBLEM-SOLVING...
Participant

#1	#2	#3	#4	#5	#6

USES RESOURCES...
Participant

#1	#2	#3	#4	#5	#6

THINKING SKILLS:

UNDERSTANDS/APPLIES IDEAS...

Participant

#1	#2	#3	#4	#5	#6

UNDERSTANDS/ANALYZES RELATIONSHIPS BETWEEN IDEAS OR TOPICS...

Participant

#1	#2	#3	#4	#5	#6

ABLE TO EVALUATE INFORMATION...

Participant

#1	#2	#3	#4	#5	#6

SELF-IMPROVEMENT:

SHOWS RESPONSIBLE FOR OWN LEARNING...

Participant

#1	#2	#3	#4	#5	#6